

Set	Items	Description
S1	59171	(TRANSPORT? OR MOVEMENT? OR MOVING OR AIRLIFT? OR AIR() LIFT???) (5N) (PATIENT? OR VICTIM? OR PERSON? OR CLIENT? OR INDIVIDUAL? OR PEOPLE OR CREW)
S2	4432	S1(25N) (HOSPITAL? OR CLINIC? ? OR HEALTH() (FACILIT? OR CENTER? OR SITE? ? OR CENTRE?))
S3	246	S2(15N) (AIRCRAFT? OR AIRPLANE? OR AEROPLANE? OR SEAPLANE? - OR HELICOPTER?)
S4	15027	(OMNIBUS OR CONSOLIDATED) () BUDGET OR COBRA OR OBRA
S5	0	S4 AND S3
S6	6	S4 AND S2
S7	363	S2(10N) (PLAN? OR SCHEDUL? OR ARRANG? OR MANAG?)
S8	18	S7(15N) (AIRCRAFT? OR AIRPLANE? OR AEROPLANE? OR SEAPLANE? - OR HELICOPTER?)
S9	24	S8 OR S6
S10	12	S9 NOT PY>2000
? show files		
File	2:INSPEC 1969-2003/Apr W2	
		(c) 2003 Institution of Electrical Engineers
File	35:Dissertation Abs Online 1861-2003/Mar	
		(c) 2003 ProQuest Info&Learning
File	65:Inside Conferences 1993-2003/Apr W2	
		(c) 2003 BLDSC all rts. reserv.
File	99:Wilson Appl. Sci & Tech Abs 1983-2003/Mar	
		(c) 2003 The HW Wilson Co.
File	233:Internet & Personal Comp. Abs. 1981-2003/Mar	
		(c) 2003 Info. Today Inc.
File	474:New York Times Abs 1969-2003/Apr 21	
		(c) 2003 The New York Times
File	475:Wall Street Journal Abs 1973-2003/Apr 23	
		(c) 2003 The New York Times
File	583:Gale Group Globalbase(TM) 1986-2002/Dec 13	
		(c) 2002 The Gale Group
File	256:SoftBase:Reviews,Companies&Prods. 82-2003/Mar	
		(c) 2003 Info.Sources Inc
File	5:Biosis Previews(R) 1969-2003/Apr W2	
		(c) 2003 BIOSIS
File	73:EMBASE 1974-2003/Apr W2	
		(c) 2003 Elsevier Science B.V.
File	155:MEDLINE(R) 1966-2003/Apr W3	
		(c) format only 2003 The Dialog Corp.
File	34:SciSearch(R) Cited Ref Sci 1990-2003/Apr W2	
		(c) 2003 Inst for Sci Info
File	434:SciSearch(R) Cited Ref Sci 1974-1989/Dec	
		(c) 1998 Inst for Sci Info

10/5/1 (Item 1 from file: 99)  
DIALOG(R)File 99:Wilson Appl. Sci & Tech Abs  
(c) 2003 The HW Wilson Co. All rts. reserv.

1144821 H.W. WILSON RECORD NUMBER: BAST94013375

**EMS response to the explosion**

AUGMENTED TITLE: World Trade Center bombing  
Goldfarb, Zachary; Kuhr, Steven  
Fire Engineering v. 146 (Dec. '93) p. 74-83  
DOCUMENT TYPE: Feature Article ISSN: 0015-2587 LANGUAGE: English  
RECORD STATUS: New record

ABSTRACT: Part of a special issue on the 1993 bombing of the World Trade Center in New York. Apart from creating the greatest technological disaster ever experienced by New York City, the bombing also led to the most significant emergency medical service (EMS) response in the city's history. Topics discussed include the New York City EMS, disaster preparedness, initial response, casualties, EMS urban search and rescue, helicopter medevacs, command and control, triage, casualty collection points, treatment, transport, hospitals, patient tracking, communications, EMS mutual aid, planning, logistics, media relations, the EMS emergency operations center, rehabilitation, and lessons learned.

DESCRIPTORS: Emergency medical care; Fire casualties;

10/5/2 (Item 1 from file: 583)  
DIALOG(R)File 583:Gale Group Globalbase(TM)  
(c) 2002 The Gale Group. All rts. reserv.

06107720  
'Pulkovo' i 'Partner' nakonets dogovorilis  
RUSSIA: PARTNER TO OPERATE IN PULKOV  
Delovoj Peterburg (ZEH) 25 Jan 1995 p. 3  
Language: RUSSIAN

Partner, a private aviation company based in St. Petersburg, has signed an agreement with the state aviation company Pulkovo for the use of the Pulkovo airport. Partner provides passenger flights to Finland, Sweden, Norway, Poland, Italy and is planning to win licences for flights to Germany and Netherlands. It also has an aeroplane with medical equipment to transport patients to Scandinavian hospitals. The Moscow-based company Transaero is also planning to enter the St. Petersburg market.

COMPANY: PULKOV; TRANSAERO; PARTNER

PRODUCT: Passenger Air Transport (4501); Scheduled Airlines (4510);  
EVENT: null (00);  
COUNTRY: Russia (6USSRU);

10/5/3 (Item 1 from file: 5)  
DIALOG(R)File 5:Biosis Previews(R)  
(c) 2003 BIOSIS. All rts. reserv.

07617908 BIOSIS NO.: 000091135792  
**LEVEL OF MEDICAL CARE REQUIRED FOR MASS GATHERINGS THE XV WINTER OLYMPIC GAMES IN CALGARY CANADA**

AUTHOR: THOMPSON J M; SAVOIA G; POWELL G; CHALLIS E B; LAW P  
AUTHOR ADDRESS: PO BOX 930, SUNDRE, ALBERTA, CANADA T0M 1X0.

JOURNAL: ANN EMERG MED 20 (4). 1991. 385-390. 1991  
FULL JOURNAL NAME: Annals of Emergency Medicine  
CODEN: AEMED  
RECORD TYPE: Abstract  
LANGUAGE: ENGLISH

ABSTRACT: Study objective: To determine the level of medical care required for mass gatherings and describe the types of medical problems encountered in a major winter event. Design: Standard charts were available for 3,395 encounters. Interviews with medical staff showed that the few unrecorded encounters were for very minor medical problems. A four-tiered triage system (low, moderate, urgent, and emergent) developed before the Games was applied to each chart retrospectively by a single emergency physician. Chi-squared tests were used to test significant differences. Setting: This winter sporting and entertainment event had 12 urban and rural venues. Medical staff (98 physicians, 161 nurses, and 337 first-aid attendants) were based in 28 advanced life support (ALS) clinics. The medical service operated for four weeks. Type of participants: There were 1.8 million spectator-days. Patients included spectators, athletes, and support staff. Interventions: First-aid attendants referred patients to the clinics, where nurses conducted initial assessments and referred patients to physicians at the venue, or more rarely, to local hospital emergency departments. Paramedic ambulances were stationed at the venues. The triage system was not used for patient management. Measurements and main results: Only 40 urgent and one emergent medical problems were encountered. The majority of patients could have been managed by trained nurses working alone under standing orders. Fifty patients were transported to the hospital by ground ambulance and three by helicopter. No significant difference were found in the low acuity levels experienced at indoor urban venues, outdoor urban venues, and the rural cross-country ski venue. The Alpine ski venue was characterized by significantly higher acuity and a long prehospital transfer phase. Conclusion: Owing to the low acuity encountered and the availability of Calgary's ALS ambulance service, we concluded that physician-based ALS teams were not required for patient management at the urban venues. Such teams were found to be required at the rural Alpine ski venue. Other reasons for using physicians are discussed, as is development of a standard triage system for mass gatherings.

DESCRIPTORS: HUMAN ADVANCED LIFE SUPPORT CLINIC STATISTICAL ANALYSIS

CONCEPT CODES:

- 05500 Social Biology; Human Ecology
- 12502 Pathology, General and Miscellaneous-General
- 37010 Public Health-Public Health Administration and Statistics
- 37012 Public Health-Health Services and Medical Care
- 04500 Mathematical Biology and Statistical Methods

BIOSYSTEMATIC CODES:

- 86215 Hominidae

BIOSYSTEMATIC CLASSIFICATION (SUPER TAXA):

- Animals
- Chordates
- Vertebrates
- Mammals
- Primates
- Humans

10/5/4 (Item 2 from file: 5)  
DIALOG(R) File 5:Biosis Previews(R)  
(c) 2003 BIOSIS. All rts. reserv.

07459600 BIOSIS NO.: 000091055819

TRANSPORTED EMERGENCY PATIENTS BY A HELICOPTER A REPORT FROM A CENTRAL  
HOSPITAL IN TSUSHIMA ISLAND JAPAN

AUTHOR: ITOH S-I; ITOH M; MAEDA K; JYOHNO H; YAMAZAKI M; TOMONAGA H;  
YAMAGUCHI T; HAMADA Y

AUTHOR ADDRESS: NAGASAKI KEN REMOTE ISLANDS MED. ASSOC., TSUSHIMA IZUHARA  
HOSP., JPN.

JOURNAL: NAGASAKI IGAKKAI ZASSHI 65 (2). 1990. 27, 233-239. 1990

FULL JOURNAL NAME: Nagasaki Igakkai Zasshi

CODEN: NAGZA

RECORD TYPE: Abstract

LANGUAGE: JAPANESE

ABSTRACT: In the last 12 years, the medical emergency system in TSUSHIMA island has been improved, then transported patients have changed to be selected more strictly by hospitals in the island. The transportation by a helicopter was evaluated with questionnaires for doctors and people in the island. In questionnaires for doctors, it was found that N hospital was recognized the best hospital to where patients were transported by a helicopter, but a half of doctors didn't think to have the same planning of the medical treatment as doctors in N hospital. In patients without a neurosurgical and a neonatological disease, unreasonable cases to be transported by a helicopter have been decreased in last 6 years (77.6-18.2%). In spite of these findings, it was found in questionnaires for people that almost people didn't think the good transportation system, because they thought still uneasy in medical treatments.

DESCRIPTORS: MEDICAL EMERGENCY SYSTEM QUESTIONNAIRE MEDICAL TREATMENT  
EFFICIENCY ATTITUDE TOWARD MEDICAL CARE

CONCEPT CODES:

- 05500 Social Biology; Human Ecology
- 07004 Behavioral Biology-Human Behavior
- 12512 Pathology, General and Miscellaneous-Therapy (1971- )
- 21001 Psychiatry-General; Medical Psychology and Sociology
- 37010 Public Health-Public Health Administration and Statistics
- 37012 Public Health-Health Services and Medical Care

BIOSYSTEMATIC CODES:

- 86215 Hominidae

BIOSYSTEMATIC CLASSIFICATION (SUPER TAXA):

- Animals
- Chordates
- Vertebrates
- Mammals
- Primates
- Humans

10/5/5 (Item 1 from file: 73)

DIALOG(R)File 73:EMBASE

(c) 2003 Elsevier Science B.V. All rts. reserv.

02698425 EMBASE No: 1984117384

Evaluation of an emergency air transport service as a component of a rural EMS system

Urdaneta L.F.; Sandberg M.K.; Cram A.E.; et al.

Department of Surgery, University of Iowa College of Medicine, Iowa City,  
IA 52242 United States

American Surgeon ( AM. SURG. ) (United States) 1984, 50/4 (183-188)

CODEN: AMSUA

DOCUMENT TYPE: Journal  
LANGUAGE: ENGLISH

The authors reviewed the records of 569 patients transported by an emergency helicopter service to evaluate its impact on the outcome of patients with multisystemic injuries. A Total Trauma Score for each patient was computed. A number of other factors were also considered, including the nature of the injury, number of systems injured, origin and duration of flight, resuscitative maneuvers, number of blood transfusions given and the timing of operations required to treat the injury. The service was then rated utilizing strict specific guidelines as either essential, helpful or not a factor, in the preservation of life and/or limb in each case. A fourth group was comprised of patients who expired as a result of their injuries. The air transport service was essential to 16.5% and helpful to 10.9% of patients. In spite of rapid evaluation and maximal intervention, 102 (17.9%) of the patients died. The group for which air transport was judged 'not a factor' (54.7%) consisted of patients whose injuries would not have proven fatal had their transportation to the tertiary care center been delayed. Retrospective analysis of the data available to the tertiary care center at the time of the decision to transfer the patients by air revealed that it was not possible to differentiate those patients who did not benefit from the service from those for whom the service was judged essential or helpful. Even though 17.9% of the **helicopter transported patients** died at some time during their period of **hospitalization**, they did receive the benefit of prompt sophisticated evaluation and **management** of their injuries. The authors believe that results of this study provide justification for continued use of this service in an essentially rural EMS system.

MEDICAL DESCRIPTORS:

\*emergency medicine; \*helicopter; \*multiple trauma; \*patient transport organization and management; clinical article; injury; therapy; human

SECTION HEADINGS:

009 Surgery

036 Health Policy, Economics and Management

017 Public Health, Social Medical and Epidemiology

10/5/6 (Item 2 from file: 73)

DIALOG(R) File 73:EMBASE  
(c) 2003 Elsevier Science B.V. All rts. reserv.

00607007 EMBASE No: 1976162649

**Aeromedical transportation for infants and children**

Harris B.H.; Orr R.E.; Boles Jr. E.T.

Div. Ped. Surg., Dept. Surg., Ohio State Univ. Coll. Med., Columbus, Ohio

43205 United States

Journal of Pediatric Surgery ( J. PEDIATR. SURG. ) 1975, 10/5 (719-724)

CODEN: JPDSA

DOCUMENT TYPE: Journal

LANGUAGE: ENGLISH

Transfer of a critically ill child to a pediatric center is indicated when patient needs have exceeded local expertise or facilities. It is illogical to impose on the referring **hospital** the added burden of **transporting** such a **patient**. The receiving **hospital** is better equipped to extend its specialized services by assuming responsibility for interim **management** and transfer of the **patient**. An aeromedical **transport** system capable of quick response was built around National Guard **helicopters**. In 21 cases, doctors, nurses, and equipment were flown to

children in community **hospitals**, and urgent treatment was begun in half the time formerly possible. Only after the patients were stabilized were they returned safely under continuing appropriate management. The helicopter is a versatile and speedy tool to deliver expertise and equipment when and where needed. Timely arrival of specialty services can be expected to improve patient care and salvage.

MEDICAL DESCRIPTORS:

\*emergency medicine; \*helicopter; \*medical care; \*pediatrics  
child; therapy

SECTION HEADINGS:

017 Public Health, Social Medical and Epidemiology  
007 Pediatrics and Pediatric Surgery  
009 Surgery  
027 Biophysics, Bioengineering and Medical Instrumentation

10/5/7 (Item 1 from file: 155)

DIALOG(R) File 155: MEDLINE(R)  
(c) format only 2003 The Dialog Corp. All rts. reserv.

07543741 92900052 PMID: 10148887  
The integration of a helicopter emergency medical service in a mass casualty response system.

Jacobs L M; Gabram S G; Stohler S A  
University of Connecticut School of Medicine, Hartford 06115.  
Prehospital and disaster medicine - the official journal of the National Association of EMS Physicians and the World Association for Emergency and Disaster Medicine in association with the Acute C (UNITED STATES) Oct-Dec 1991, 6 (4) p451-4, ISSN 1049-023X Journal Code: 8918173

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

Subfile: HEALTH TECHNOLOGY ASSESSMENT

Since 1985, the state of Connecticut has been served by a hospital-based, advanced life support (ALS) helicopter air medical service. The service is stationed at a 1,000-bed, Level 1, trauma center that is responsible for its operation. Connecticut statute requires the hospital to file operations reports with the Office of Emergency Medical Services, which reports to the Connecticut Department of Public Health. Operations include response to requests for transportation of severely ill or injured patients from the scene of an incident, and patient transport from one hospital to a higher level, definitive-care hospital. This service also was charged to develop a disaster response plan to be integrated into the overall state plan for disaster responses. The helicopter disaster response involves all six New England states and three hospital-based emergency medical helicopter programs that operate in the New England states. This approach has allowed for joint planning and multi-agency, simulated drills. The helicopter emergency medical service has responded to 15 simulated emergencies (drills) and seven actual mass casualty incidents from May, 1985 to June, 1989. In Connecticut, the planning process conducted by the Department of Public Health and the Office of State EMS produced a coordinated, multi-jurisdictional, mass-casualty response plan.

Tags: Human

Descriptors: \*Aircraft; \*Disaster Planning --organization and administration--OG; \*Emergency Service, Hospital --organization and administration--OG; Ambulances; Connecticut; Disaster Planning--statistics and numerical data--SN; Disaster Planning--trends--TD; Emergency Service, Hospital--statistics and numerical data--SN; Emergency Service, Hospital

--trends--TD; New England; Triage  
Record Date Created: 19920326  
Record Date Completed: 19920326

10/5/8 (Item 2 from file: 155)

DIALOG(R) File 155: MEDLINE(R)  
(c) format only 2003 The Dialog Corp. All rts. reserv.

06925726 91166108 PMID: 2003667

Level of medical care required for mass gatherings: the XV Winter Olympic Games in Calgary, Canada.

Thompson J M; Savoia G; Powell G; Challis E B; Law P  
Division of Emergency Medicine, Foothills Hospital, Calgary, Alberta,  
Canada.

Annals of emergency medicine (UNITED STATES) Apr 1991, 20 (4)  
p385-90, ISSN 0196-0644 Journal Code: 8002646

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

Subfile: AIM; INDEX MEDICUS

STUDY OBJECTIVE: To determine the level of medical care required for mass gatherings and describe the types of medical problems encountered in a major winter event. DESIGN: Standard charts were available for 3,395 encounters. Interviews with medical staff showed that the few unrecorded encounters were for very minor medical problems. A four-tiered triage system (low, moderate, urgent, and emergent) developed before the Games was applied to each chart retrospectively by a single emergency physician. Chi-squared tests were used to test significant differences. SETTING: This winter sporting and entertainment event had 12 urban and rural venues. Medical staff (98 physicians, 161 nurses, and 337 first-aid attendants) were based in 28 advanced life support (ALS) clinics. The medical service operated for four weeks. TYPE OF PARTICIPANTS: There were 1.8 million spectator-days. Patients included spectators, athletes, and support staff. INTERVENTIONS: First-aid attendants referred patients to the clinics, where nurses conducted initial assessments and referred patients to physicians at the venue, or more rarely, to local hospital emergency departments. Paramedic ambulances were stationed at the venues. The triage system was not used for patient management. MEASUREMENTS AND MAIN RESULTS: Only 40 urgent and one emergent medical problems were encountered. The majority of patients could have been managed by trained nurses working alone under standing orders. Fifty patients were transported to the hospital by ground ambulance and three by helicopter. No significant differences were found in the low acuity levels experienced at indoor urban venues, outdoor urban venues, and the rural cross-country ski venue. The Alpine ski venue was characterized by significantly higher acuity and a long prehospital transfer phase. CONCLUSION: Owing to the low acuity encountered and the availability of Calgary's ALS ambulance service, we concluded that physician-based ALS teams were not required for patient management at the urban venues. Such teams were found to be required at the rural Alpine ski venue. Other reasons for using physicians are discussed, as is development of a standard triage system for mass gatherings.

Tags: Human; Support, Non-U.S. Gov't

Descriptors: \*Emergency Medical Services--organization and administration  
--OG; \*Sports; Alberta; Emergency Medical Services--manpower--MA;  
Emergency Medical Services--utilization--UT; Retrospective Studies;

Transportation of Patients

Record Date Created: 19910417

Record Date Completed: 19910417

10/5/9 (Item 3 from file: 155)

DIALOG(R) File 155: MEDLINE(R)  
(c) format only 2003 The Dialog Corp. All rts. reserv.

05925560 88279970 PMID: 3134835

COBRA : implications for emergency medicine.

Frew S A; Roush W R; LaGreca K

Frew Consulting Group, Rockford, Illinois.

Annals of emergency medicine (UNITED STATES) Aug 1988, 17 (8) p835-7

ISSN 0196-0644 Journal Code: 8002646

Comment in Ann Emerg Med. 1989 Oct;18(10) 1135-6; Comment in PMID 2802296

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

Subfile: AIM; INDEX MEDICUS

The potential impact of COBRA is staggering and must be confronted. The ultimate scope and effects will take shape quickly. Federal regulations will provide some of the rules, but the most important definitions under the law will develop in court. Because of a lack of understanding hospitals may not have been in compliance with COBRA's strict terms since August 1986 and may only become educated on COBRA through the legal process. Currently, one COBRA lawsuit has been filed in the Chicago court system, and at least one physician group in California has paid a \$25,000 fine for COBRA violations. Litigation in the initial phase of COBRA is likely as most hospitals continue to be unaware of the implications of COBRA legislation. EDs, emergency medical services programs, and interhospital transport programs must begin an immediate effort to examine and develop policies to comply with COBRA. Without an effective educational, compliance, and risk management effort, any emergency medical services program or hospital may become a defendant under COBRA legislation. Delays in understanding and implementing the requirements of COBRA may adversely affect the health care system rather than improve it.

Tags: Human

Descriptors: \*Emergency Service, Hospital--legislation and jurisprudence --LJ; \*Patient Transfer-legislation and jurisprudence--LJ; Diagnosis-Related Groups--economics--EC; Emergency Medical Services --legislation and jurisprudence--LJ; Emergency Medicine--economics--EC; Emergency Service, Hospital --economics--EC; Malpractice; Medicare --legislation and jurisprudence--LJ; Transportation of Patients --standards--ST; United States

Record Date Created: 19880825

Record Date Completed: 19880825

10/5/10 (Item 4 from file: 155)

DIALOG(R) File 155: MEDLINE(R)  
(c) format only 2003 The Dialog Corp. All rts. reserv.

04533947 84176844 PMID: 6712011

Evaluation of an emergency air transport service as a component of a rural EMS system.

Urdaneta L F; Sandberg M K; Cram A E; Vargish T; Jochimsen P R; Scott D H

; Blommers T J

American surgeon (UNITED STATES) Apr 1984, 50 (4) p183-8, ISSN

0003-1348 Journal Code: 0370522

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

Subfile: INDEX MEDICUS

The authors reviewed the records of 569 patients transported by an emergency helicopter service to evaluate its impact on the outcome of patients with multisystemic injuries. A Total Trauma Score for each patient was computed. A number of other factors were also considered, including the nature of the injury, number of systems injured, origin and duration of flight, resuscitative maneuvers, number of blood transfusions given and the timing of operations required to treat the injury. The service was then rated utilizing strict specific guidelines as either essential, helpful or not a factor, in the preservation of life and/or limb in each case. A fourth group was comprised of patients who expired as a result of their injuries. The air transport service was essential to 16.5% and helpful to 10.9% of patients. In spite of rapid evaluation and maximal intervention, 102 (17.9%) of the patients died. The group for which air transport was judged "not a factor" (54.7%) consisted of patients whose injuries would not have proven fatal had their transportation to the tertiary care center been delayed. Retrospective analysis of the data available to the tertiary care center at the time of the decision to transfer the patients by air revealed that it was not possible to differentiate those patients who did not benefit from the service from those for whom the service was judged essential or helpful. Even though 17.9% of the **helicopter transported patients** died at some time during their period of **hospitalization**, they did receive the benefit of prompt sophisticated evaluation and **management** of their injuries. (ABSTRACT TRUNCATED AT 250 WORDS)

Tags: Female; Human; Male

Descriptors: \*Aircraft; \*Emergency Medical Services; \*Outcome and Process Assessment (Health Care); \*Transportation of Patients; Adolescent; Adult; Child; Child, Preschool; Evaluation Studies; Infant; Iowa; Rural Health; Triage; Wounds and Injuries--mortality--MO

Record Date Created: 19840502

Record Date Completed: 19840502

10/5/11 (Item 5 from file: 155)

DIALOG(R) File 155: MEDLINE(R)  
(c) format only 2003 The Dialog Corp. All rts. reserv.

02096515 76047927 PMID: 1185459

**Aeromedical transportation for infants and children.**

Harris B H; Orr R E; Boles E T

Journal of pediatric surgery (UNITED STATES) Oct 1975, 10 (5)

p719-24, ISSN 0022-3468 Journal Code: 0052631

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

Subfile: INDEX MEDICUS

Transfer of a critically ill child to a pediatric center is indicated when patient needs have exceeded local expertise or facilities. It is illogical to impose on the referring hospital the added burden of transporting such a patient. The receiving hospital is better equipped to extend its specialized services by assuming responsibility for interim management and transfer of the patient. An aeromedical transport system capable of quick response was built around National Guard helicopters. In 21 cases, doctors, nurses, and equipment were flown to children in community hospitals, and urgent treatment was begun in half the time formerly possible. Only after the patients were stabilized were they returned safely under continuing appropriate management. The helicopter is a versatile and speedy tool to deliver expertise and

equipment when and where needed. Timely arrival of specialty services can be expected to improve patient care and salvage.

Tags: Human  
Descriptors: \*Aircraft; \*Transportation of Patients; Child; Child, Preschool; Emergencies; Hospitals, Pediatric; Infant; Ohio; Time Factors Record Date Created: 19760129  
Record Date Completed: 19760129

10/5/12 (Item 1 from file: 34)  
DIALOG(R) File 34:SciSearch(R) Cited Ref Sci  
(c) 2003 Inst for Sci Info. All rts. reserv.  
00887236 Genuine Article#: FD804 Number of References: 0  
(NO REFS KEYED)

**Title: LEVEL OF MEDICAL-CARE REQUIRED FOR MASS GATHERINGS - THE 1994 WINTER OLYMPIC GAMES IN CALGARY, CANADA**

Author(s): THOMPSON JM; SAVOIA G; POWELL G; CHALLIS EB; LAW P  
Corporate Source: POB 930/SUNDRE T0M 1X0/ALBERTA/CANADA/; FOOTHILLS PROV GEN HOSP, DIV EMERGENCY MED/CALGARY/ALBERTA/CANADA/  
Journal: ANNALS OF EMERGENCY MEDICINE, 1991, V20, N4, P385-390  
Language: ENGLISH Document Type: ARTICLE  
Geographic Location: CANADA  
Subfile: SciSearch; CC CLIN--Current Contents, Clinical Medicine  
Journal Subject Category: MEDICINE, MISCELLANEOUS  
Abstract: Study objective: To determine the level of medical care required for mass gatherings and describe the types of medical problems encountered in a major winter event.

Design: Standard charts were available for 3,395 encounters. Interviews with medical staff showed that the few unrecorded encounters were for very minor medical problems. A four-tiered triage system (low, moderate, urgent, and emergent) developed before the Games was applied to each chart retrospectively by a single emergency physician. Chi-squared tests were used to test significant differences.

Setting: This winter sporting and entertainment event had 12 urban and rural venues. Medical staff (98 physicians, 161 nurses, and 337 first-aid attendants) were based in 28 advanced life support (ALS) clinics. The medical service operated for four weeks.

Type of participants: There were 1.8 million spectator-days. Patients included spectators, athletes, and support staff.

Interventions: First-aid attendants referred patients to the clinics, where nurses conducted initial assessments and referred patients to physicians at the venue, or more rarely, to local hospital emergency departments. Paramedic ambulances were stationed at the venues. The triage system was not used for patient management.

Measurements and main results: Only 40 urgent and one emergent medical problems were encountered. The majority of patients could have been managed by trained nurses working alone under standing orders. Fifty patients were transported to the hospital by ground ambulance and three by helicopter. No significant differences were found in the low acuity levels experienced at indoor urban venues, outdoor urban venues, and the rural cross-country ski venue. The Alpine ski venue was characterized by significantly higher acuity and a long prehospital transfer phase.

Conclusion: Owing to the low acuity encountered and the

availability of Calgary's ALS ambulance service, we concluded that physician-based ALS teams were not required for patient management at the urban venues. Such teams were found to be required at the rural Alpine ski venue. Other reasons for using physicians are discussed, as is development of a standard triage system for mass gatherings.

Set        Items        Description  
 S1        225200      (TRANSPORT? OR MOVEMENT? OR MOVING OR AIRLIFT? OR AIR() LIF-  
               T???) (5N) (PATIENT? OR VICTIM? OR PERSON? OR CLIENT? OR INDIVI-  
               DUAL? OR PEOPLE OR CREW)  
 S2        8549        S1(25N) (HOSPITAL? OR CLINIC? ? OR HEALTH() (FACILIT? OR CEN-  
               TER? OR SITE? ? OR CENTRE?))  
 S3        562        S2(20N) (AIRCRAFT? OR AIRPLANE? OR AEROPLANE? OR SEAPLANE? -  
               OR HELICOPTER?)  
 S4        48436      (OMNIBUS OR CONSOLIDATED) () BUDGET OR COBRA OR OBRA  
 S5        5        S4 AND S3  
 S6        47        S4 AND S2  
 S7        1056      S2(10N) (PLAN? OR SCHEDUL? OR ARRANG? OR MANAG?)  
 S8        44        S7(15N) (AIRCRAFT? OR AIRPLANE? OR AEROPLANE? OR SEAPLANE? -  
               OR HELICOPTER?)  
 S9        91        S8 OR S6 OR S5  
 S10      70        S9 NOT PY>2000  
 S11      68        S10 NOT PD=20000912:20030423  
 S12      53        RD (unique items)  
 ? show file  
 File 9:Business & Industry(R) Jul/1994-2003/Apr 21  
       (c) 2003 Resp. DB Svcs.  
 File 15:ABI/Inform(R) 1971-2003/Apr 22  
       (c) 2003 ProQuest Info&Learning  
 File 16:Gale Group PROMT(R) 1990-2003/Apr 22  
       (c) 2003 The Gale Group  
 File 148:Gale Group Trade & Industry DB 1976-2003/Apr 22  
       (c) 2003 The Gale Group  
 File 160:Gale Group PROMT(R) 1972-1989  
       (c) 1999 The Gale Group  
 File 275:Gale Group Computer DB(TM) 1983-2003/Apr 22  
       (c) 2003 The Gale Group  
 File 621:Gale Group New Prod.Annou. (R) 1985-2003/Apr 22  
       (c) 2003 The Gale Group  
 File 636:Gale Group Newsletter DB(TM) 1987-2003/Apr 22  
       (c) 2003 The Gale Group  
 File 20:Dialog Global Reporter 1997-2003/Apr 23  
       (c) 2003 The Dialog Corp.  
 File 476:Financial Times Fulltext 1982-2003/Apr 23  
       (c) 2003 Financial Times Ltd.  
 File 610:Business Wire 1999-2003/Apr 23  
       (c) 2003 Business Wire.  
 File 613:PR Newswire 1999-2003/Apr 23  
       (c) 2003 PR Newswire Association Inc  
 File 624:McGraw-Hill Publications 1985-2003/Apr 22  
       (c) 2003 McGraw-Hill Co. Inc  
 File 634:San Jose Mercury Jun 1985-2003/Apr 22  
       (c) 2003 San Jose Mercury News  
 File 810:Business Wire 1986-1999/Feb 28  
       (c) 1999 Business Wire  
 File 813:PR Newswire 1987-1999/Apr 30  
       (c) 1999 PR Newswire Association Inc  
 File 442:AMA Journals 1982-2003/Aug B3  
       (c) 2003 Amer Med Assn -FARS/DARS apply  
 File 149:TGG Health&Wellness DB(SM) 1976-2003/Apr W2  
       (c) 2003 The Gale Group  
 File 444:New England Journal of Med. 1985-2003/Apr W3  
       (c) 2003 Mass. Med. Soc.

12/3,K/1 (Item 1 from file: 9)  
DIALOG(R)File 9:Business & Industry(R)  
(c) 2003 Resp. DB Svcs. All rts. reserv.

02652489 (USE FORMAT 7 OR 9 FOR FULLTEXT)  
**Englewood, Colo.-Based Firm May Buy St. Louis Air Ambulance Service**  
**(Area Rescue Consortium of Hospitals (ARCH), the St. Louis area's only air ambulance service will be acquired by Air Methods Corp (Englewood, CO))**  
St Louis Post-Dispatch , p N/A  
November 30, 1999  
DOCUMENT TYPE: Regional Newspaper (United States)  
LANGUAGE: English RECORD TYPE: Fulltext  
WORD COUNT: 624

(USE FORMAT 7 OR 9 FOR FULLTEXT)

**ABSTRACT:**  
...proceeds are used for non-profit purposes. The service is called Area Rescue Consortium of **Hospitals** -- known commonly as ARCH. It uses five **helicopters** and five **planes**, mainly to **transport** injured and seriously sick **people** from accident sites to **hospitals** and also between **hospitals**. ARCH was started 12 years ago by three of the biggest **hospitals** in the area: St. Louis University Hospital, Barnes-Jewish Hospital and St. John's Mercy...

**TEXT:**  
...proceeds are used for non-profit purposes.

The service is called Area Rescue Consortium of **Hospitals** -- known commonly as ARCH. It uses five **helicopters** and five **planes**, mainly to **transport** injured and seriously sick **people** from accident sites to **hospitals** and also between **hospitals**.

ARCH was started 12 years ago by three of the biggest **hospitals** in the area: St. Louis University Hospital, Barnes-Jewish Hospital and St. John's Mercy...

12/3,K/2 (Item 2 from file: 9)  
DIALOG(R)File 9:Business & Industry(R)  
(c) 2003 Resp. DB Svcs. All rts. reserv.

01311420  
**MERCY AIR TO EXPAND FLEET, ADD FIXED-WING AIRCRAFT**  
**(Mercy Air expanding service, adding fixed-wing aircraft; currently transports some 2500 patients/year)**  
Aviation Week & Space Technology, v 143, n 16, p 53  
October 16, 1995  
DOCUMENT TYPE: Journal ISSN: 0005-2175 (United States)  
LANGUAGE: English RECORD TYPE: Abstract

**ABSTRACT:**  
Mercy Air (Fontana, CA), the biggest aeromedical **helicopter** operator in the US unaffiliated with any **hospital** system, **plans** to expand its service and add fixed-wing **aircraft** to its fleet. It currently **transports** some 2500 **patients** /year. Perhaps 1/3 of its flights are on-scene pickups, and the rest are **hospital -to- hospital** transfers. Mercy began airborne services in 1989 and eventually sold its ground ambulance fleet.

...

12/3,K/3 (Item 1 from file: 15)

DIALOG(R)File 15:ABI/Inform(R)

(c) 2003 ProQuest Info&Learning. All rts. reserv.

02039470 55437378

**A trauma resource allocation model for ambulances and hospitals**

Branas, Charles C; MacKenzie, Ellen J; ReVelle, Charles S

Health Services Research v35n2 PP: 489-507 Jun 2000

ISSN: 0017-9124 JRNL CODE: HSR

WORD COUNT: 6316

...TEXT: 61.

Branas, C. C., and C. S. ReVelle. 2000. "An Iterative Switching Heuristic to Locate Hospitals and Helicopters ." Socio-Economic Planning Sciences 34 (4): in press. Burney, R E., and R. P. Fischer. 1986. "Ground Versus Air Transport of Trauma

**Victims : Medical and Logistical Considerations.**" Annals of Emergency Medicine 15 (12): 1491-95.

Cafes, R. H...

12/3,K/4 (Item 2 from file: 15)

DIALOG(R)File 15:ABI/Inform(R)

(c) 2003 ProQuest Info&Learning. All rts. reserv.

01377891 00-28878

**The appropriate role for the state hospital**

Belcher, John R; DeForge, Bruce R

Journal of Mental Health Administration v24n1 PP: 64-71 Winter 1997

ISSN: 0092-8623 JRNL CODE: MHA

WORD COUNT: 5072

...TEXT: from the late 1970s and the 1980s emphasized the importance of stressing the strengths of people with severe mental illnesses and moving these people toward skills development.5560 Paul and Lentz" urged cooperation between state hospitals and community facilities to facilitate what Paul termed as a social learning approach. These approaches ...of Health Politics, Policy and Law 1990; 15:387-411.

22. Elliott RL: Patient dumping, COBRA , and the public general hospital. Hospital and Community Psychiatry 1993;

44:155-158.

23. Dorwart...

12/3,K/5 (Item 3 from file: 15)

DIALOG(R)File 15:ABI/Inform(R)

(c) 2003 ProQuest Info&Learning. All rts. reserv.

01346738 99-96134

**1996 State health policy survey**

Berdahl, Anne

Health Systems Review v29n6 PP: 36-52 Nov/Dec 1996

ISSN: 0891-0200 JRNL CODE: FAH  
WORD COUNT: 20344

...TEXT: to allow the state to create a Medicaid "buy in" opportunity for low-income, working **individuals**. The state is also considering **moving** substance abuse **patients** into managed care....Last year Michigan made community mental health boards the gatekeepers for all inpatient and partial **hospitalization** psychiatric services, the state reports that this action has resulted in decreased inpatient admission rates...s insurance market. One new law gives portability to individual purchasers who have exhausted their **COBRA** coverage and have only been without insurance for 30 days or less. A second measure...

**12/3,K/6 (Item 4 from file: 15)**

DIALOG(R)File 15:ABI/Inform(R)  
(c) 2003 ProQuest Info&Learning. All rts. reserv.

01273609 99-23005

**Wrangler rounds up health care resources**

Appleby, Chuck  
Hospitals & Health Networks v70n15 PP: 38 Aug 5, 1996  
ISSN: 1068-8838 JRNL CODE: HPT  
WORD COUNT: 454

...TEXT: organ transplants and oncology services to either University of Virginia or Rockingham. Page also can **transport** heart attack **victims** by **helicopter** to either of those facilities within 15 minutes.

Last year the Wrangler HMO **plan** paid Page Memorial 100 percent of what the **hospital** charged for services. When Page renewed the contract last August, the hospital agreed to discount...

**12/3,K/7 (Item 5 from file: 15)**

DIALOG(R)File 15:ABI/Inform(R)  
(c) 2003 ProQuest Info&Learning. All rts. reserv.

01266043 99-15439

**Walk on by**  
MacPherson, Peter  
Hospitals & Health Networks v70n14 PP: 60-64 Jul 20, 1996  
ISSN: 1068-8838 JRNL CODE: HPT  
WORD COUNT: 1997

...ABSTRACT: hospitals are experimenting with different strategies to lessen the burden of emergency care. In Philadelphia, **hospitals** are trying to respond to the new cost pressures by increasing productivity and **moving** **patients** with less acute conditions through the system more quickly.

...TEXT: regardless of ability to pay. In 1986 Congress passed and President Reagan signed the Consolidated **Omnibus Budget** Reconciliation Act, or **COBRA**. Entwined in this legislation was a new law requiring hospitals that receive Medicare or Medicaid...

... access to emergency room care," says Andrew Wigglesworth, president of the Delaware Valley Hospital Council.

**COBRA** has placed a large burden on public financing mechanisms like Medicare and Medicaid by making...physicians and triage nonurgent medically

indigent cases to new primary care delivery sites, which the hospital intends to build.

In Philadelphia, hospitals are trying to respond to the new cost pressures by increasing productivity and moving patients with less acute conditions through the system more quickly. They are also offering mobile medicine...

12/3,K/8 (Item 6 from file: 15)  
DIALOG(R)File 15:ABI/Inform(R)  
(c) 2003 ProQuest Info&Learning. All rts. reserv.

00768490 94-17882  
**Bridge the inhibiting gap**  
Macdonald, John  
Managing Service Quality PP: 55-58 Sep 1993  
ISSN: 0960-4529 JRNL CODE: MAQ  
WORD COUNT: 1971

...TEXT: easy to fall into. For example, the purpose of:

- \* An airline is not to fly aeroplanes but to transport people by air.
- \* Hospital administrators is not to manage hospitals but to provide successful healthcare.
- \* Manufacturing companies is not to produce perfect products but to...

12/3,K/9 (Item 7 from file: 15)  
DIALOG(R)File 15:ABI/Inform(R)  
(c) 2003 ProQuest Info&Learning. All rts. reserv.

00742925 93-92146  
**Contracting for helicopter emergency transport services**  
Spencer, Thomas S; Hedlund, Carel T  
Healthcare Financial Management v47n8 PP: 67-72 Aug 1993  
ISSN: 0735-0732 JRNL CODE: HFM  
WORD COUNT: 2753

...TEXT: ordinarily schedule in advance the patients who would receive services provided by the medical evacuation helicopter vendor. However, it would schedule the hours during which the helicopter was made available to patients who needed emergency airlift .

- \* A hospital can be made responsible under the agreement for furnishing all the medical supplies on board...

12/3,K/10 (Item 8 from file: 15)  
DIALOG(R)File 15:ABI/Inform(R)  
(c) 2003 ProQuest Info&Learning. All rts. reserv.

00708374 93-57595  
**The economics and politics of emergency health care for the poor: The patient dumping dilemma**  
Hylton, Maria O'Brien  
Brigham Young University Law Review v1992n4 PP: 971-1033 1992  
ISSN: 0360-151X JRNL CODE: BYU

WORD COUNT: 26191

...ABSTRACT: on the patient's inability to pay. The antidumping rules set forth in the Consolidated **Omnibus Budget** Reconciliation Act of 1985 became effective on August 1, 1986, and established a duty on...

...TEXT: have likewise doomed Congress's only other explicit attempt to secure emergency indigent care--the **COBRA** amendments of 1986.

The antidumping rules set forth in the Consolidated **Omnibus Budget** Reconciliation Act of 1985 (**COBRA**)<sup>(25)</sup> became effective on August 1, 1986, and established a duty on the part of...

... situations: an "emergency medical condition" or "active labor." It is important to note that the **COBRA** rules do not require a hospital to treat nonemergency cases or to continue treatment after...

... appropriate medical screening examination" to determine whether either of these two triggering conditions exist.<sup>(28)</sup> **COBRA** defines "active labor" as "labor at a time at which--(A) delivery is imminent, (i...

...by the hospital.<sup>(43)</sup>

#### B. THE FAILURE OF FEDERAL REGULATION

Not long after the 1986 **COBRA** Amendments went into effect, their many weaknesses became apparent. Because others have catalogued these problems ... tragic failure of HHS' Health and Human Services! responsibility to punish and deter violations of **COBRA** ! as Congress intended."<sup>(46)</sup> A spokesman for PCHRG estimates that about 250,000 incidents of...

...definitions of the American College of Emergency Physicians.<sup>(50)</sup>

The 1989 amendments do not change **COBRA** 's original scheme of penalties for failure to comply, although the penalties now apply to...for the employed consumer than for an individual who is unemployed.

Congress has focused, via **COBRA** and the Hill-Burton program, on the provision of medical services without examining why so...

... uninsured remain uncovered precisely because of other well-intentioned, but ill-conceived, regulations not unlike **COBRA** itself. The point is that some of the regulations that health insurers confront as they...it represents a rare instance in which responsible authorities decided to pursue a claim under **COBRA** . In December of that year, Mrs. Rosa Rivera arrived at the emergency room of DeTar...the expense of many lives.

#### B. INFEASIBILITY OF ELIMINATING DUMPING THROUGH REGULATION

The failure of **COBRA** and the persistence of dumping are not hard to explain if one understands **COBRA** as a symbolic effort of Congress to appear concerned with uninsured patients--and nothing more...

... physicians and private hospitals to provide unlimited amounts of uncompensated health care. At first glance, **COBRA** , with its fines and the specter of Medicare participation forfeiture, would seem to represent a classic example of "public interest" regulation. However, as Professor Hall has pointed out, **COBRA** is "an anemic response"<sup>(141)</sup> to the problem of increasing the supply of health care...

... yet, never resorted to stripping a hospital of its Medicare

participation status solely for a **COBRA** violation.(143) As the legislative history of **COBRA** makes clear, Congress understood that dumping was accelerating in direct response to its own increased...

... rates, which was making hospitals' cross-subsidization from covered to uninsured patients increasingly difficult.(144) **COBRA** is merely an example of a regulatory deal struck by legislators and interest group producers (i.e., organized medicine). **COBRA** gives the appearance of concern for emergency indigent care without requiring any meaningful action by hospitals or physicians.

**COBRA** does not, then, represent the triumph of advocates for the poor and uninsured over the interests of greedy hospitals and doctors. On the contrary, **COBRA** provides the appearance of a solution to the dumping problem (and sends the concurrent signal...

... continue to dump a "patient on public facilities once it has rendered stabilizing care."(145) **COBRA** can be viewed as a legislative triumph for the hospital facilities it purports to regulate...about expropriating the labor of health care providers contributes to cosmetic approaches to dumping like **COBRA**. Congress was aware, though, of the tremendous financial pressures facing hospitals and the fact that...a person by:

a. An emergency medical services provider who is rendering care to or **transporting the person**; or

b. Another **hospital**, when such **hospital** is seeking a medically necessary transfer, except when otherwise provided in this section.

(c) A... Sept. 1, 1982, at 51, 52; Karen J. Treiger, Note, Preventing: Patient Dumping: Sharpening the **COBRA**'s Fangs, 61 N.Y.U. L. REV. 1186, 1186-87 (1986).

6. As one...Y & L. 153 (1987)); Treiger, supra note .5, at 1198.

24. See Phillip Green, Note, **COBRA** : Another Patch on an Old Garment, 33 ST. LOUIS U. L.J. 743, 768 (1989...).

...1993).

49. See, e.g., McClurg, supra note 23, at 197-204; "Patient Dumping" After **Cobra**, Oct. 1988! Medicare & Medicaid Guide (CCH) para 37,436, at 18,215 (following a study...).

... stabilization' and 'emergency condition."); Treiger, supra note 5, at 1209-16; Danielle L. Trostorff, King **Cobra** Recoils: The Effect of the **OBRA** 1989 Technical Amendments on Health Care Providers and Regulators, 37 FED. BAR NEWS & J. 442...is important to note that all seven hospitals had other serious violations in addition to **COBRA**. In fact, according to Ms. Weinstein, it is "fairly easy" for a hospital to correct a **COBRA** violation in order to avoid losing Medicare participation status. Id.

144. Dr. Arnold Relman, of...

...DESCRIPTORS: **COBRA** 1985-US

12/3,K/11 (Item 9 from file: 15)  
DIALOG(R)File 15:ABI/Inform(R)  
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00673336 93-22557

**Developments in the patient dumping law: The confusion continues**  
Brown, Lowell C  
Health Systems Review v26n1 PP: 35-38+ Jan/Feb 1993  
ISSN: 0891-0200 JRNL CODE: FAH  
WORD COUNT: 3859

...TEXT: it may not be the last word on government scrutiny of contacts between non-profit **hospitals** and emergency medical **personnel** during pre- **hospital transport**. Attention may come from an unexpected source: the IRS. In late 1991, the IRS made...Act, codified at 42 U.S.C. 1395dd. EMTALA was Section 9121 of the Consolidated **Omnibus Budget Reconciliation Act** of 1986 and has thus also been known simply as "COBRA".

2! 42 U.S.C. sec 1395dd(a).

3! Id. sec 1395dd(b).

4! Id...

**12/3,K/12 (Item 10 from file: 15)**  
DIALOG(R)File 15:ABI/Inform(R)  
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00639586 92-54526  
**New Jersey's Medicaid Waiver for Acquired Immunodeficiency Syndrome**  
Merzel, Cheryl; Crystal, Stephen; Sambamoorthi, Usha; Karus, Daniel;  
Kurland, Carol  
Health Care Financing Review v13n3 PP: 27-44 Spring 1992  
ISSN: 0195-8631 JRNL CODE: HCF  
WORD COUNT: 12764

...TEXT: is the Medicaid home and community-based waiver program. Under section 2176 of the 1981 **Omnibus Budget Reconciliation Act**, HCFA was given the authority to waive certain Federal Medicaid regulations in order ...Other services used by a majority of program participants are: physician services (79 percent); outpatient **hospital clinic** (69 percent); home health agency(3) (58 percent); medical supplies and equipment (64 percent). Fifty-seven percent of **clients** used inpatient **hospital** services. Medical **transportation** services were utilized by 40 percent of the clients. Fewer than one in five had...

**12/3,K/13 (Item 1 from file: 16)**  
DIALOG(R)File 16:Gale Group PROMT(R)  
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03440149 Supplier Number: 44794191  
**On call across a hemisphere**  
St Petersburg Times (FL), pC1  
June 28, 1994  
Language: English Record Type: Abstract  
Document Type: Newspaper; Trade

**ABSTRACT:**  
St Joseph Hospital 's AmerEvac jet ambulance program **transports patients** throughout the western hemisphere. The **hospital** leased a Learjet in 12/93 to expand its emergency services and hopes to turn a profit. While many **hospitals** have **helicopters**, few have jet planes .

St Joseph's saw an opportunity in aerial care beyond **helicopters**, and a chance to use the hospital's name to its advantage. The program, the...

**12/3,K/14 (Item 2 from file: 16)**  
DIALOG(R)File 16:Gale Group PROMT(R)  
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02461911 Supplier Number: 43245940 (USE FORMAT 7 FOR FULLTEXT)

**Contract Management Survey**

Modern Healthcare, p51

August 24, 1992

Language: English Record Type: Fulltext

Document Type: Magazine/Journal; Professional

Word Count: 2409

... programs, patient advocates and special menus for patient groups, such as women. And contractors see **clients moving** away from guaranteed cost contracts.

'The **hospital** market has moved toward a recognition that they must improve customers' perception of non-medical...therapy contracts at 295 healthcare facilities.

He said the contract growth stems from the 1987 **Omnibus Budget** and Reconciliation Act, which requires the availability of speech, occupational and physical therapy for Medicare...

**12/3,K/15 (Item 3 from file: 16)**  
DIALOG(R)File 16:Gale Group PROMT(R)  
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02073068 Supplier Number: 42680191 (USE FORMAT 7 FOR FULLTEXT)

**Hospital managers cited for copter misuse**

Modern Healthcare, p21

Jan 20, 1992

Language: English Record Type: Fulltext

Document Type: Magazine/Journal; Professional

Word Count: 255

... and one in Illinois, said Thomas Murray, hospital operations manager.

Those reprimanded were John Brothers, **manager** of hospital surgical services; Laurie Gehrke, **manager** of hospital emergency services; and Eileen Patton, **helicopter** flight nurse.

Ms. Gehrke had authorized a **scheduled** Santa flight on Dec. 17, 1991, rather than having the **helicopter transport** the burn **victim**, who was about 15 miles away, to the **hospital**, Mr. Murray said. The burn victim, Mary Taylor, 81, was driven by ambulance to the **hospital** and died a week later. Emergency officials have said her condition didn't worsen because...

**12/3,K/16 (Item 1 from file: 148)**  
DIALOG(R)File 148:Gale Group Trade & Industry DB  
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10343664 SUPPLIER NUMBER: 20950637 (USE FORMAT 7 OR 9 FOR FULL TEXT)

**A medical miracle. (health care services in Alaska)**

Zerbe, Victoria

Alaska Business Monthly, v14, n7, p54(8)

July, 1998

ISSN: 8756-4092  
WORD COUNT: 674

LANGUAGE: English  
LINE COUNT: 00057

RECORD TYPE: Fulltext

... were assigned to each village where they built small bridges and handicap access ramps to clinics or public buildings, or performed other light construction projects that were deemed necessary by the village councils.

Pilots, crew chiefs and maintenance technicians provided transportation by plane and helicopter for the troops.

The villages that were selected to participate in Arctic Care '98 are

...

12/3, K/17 (Item 2 from file: 148)

DIALOG(R) File 148: Gale Group Trade & Industry DB  
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09022283 SUPPLIER NUMBER: 18754726 (USE FORMAT 7 OR 9 FOR FULL TEXT)  
**Physical restraint use in the hospital setting: unresolved issues and directions for research.**

Mion, Lorraine C.; Minnick, Ann; Palmer, Robert; Kapp, Marshall B.; Lamb, Karen  
Milbank Quarterly, v74, n3, p411(23)

Fall, 1996

ISSN: 0887-378X LANGUAGE: English RECORD TYPE: Fulltext; Abstract  
WORD COUNT: 8760 LINE COUNT: 00736

TEXT:

...to the elderly during the past few decades. Yet the involuntary immobilization or restriction of patients' movement, either by medications (chemical restraints) or by mechanical means (physical restraints), remains a common but controversial practice in the hospital setting. Clinical, ethical, and legal controversies center on the risk-benefit ratios for patients, clinicians...

... direct result of physical restraints have been reported (Miles 1993; Miles and Irvine 1992).

The Omnibus Budget Reconciliation Act (OBRA) of 1987, which became effective in 1990, has had a great influence on the use of physical restraint in nursing facilities. According to OBRA, the nursing facility resident "has the right to be free from any physical restraints imposed..."

...The prevalence of physical restraint use in U.S. nursing facilities was 41 percent before OBRA's enactment; since then, it has dropped to 25 percent (American Geriatrics Society 1992).

The...Fries 1993). Moreover, the Kendall Corporation reported a cost analysis and concluded that if the OBRA standard of care for restrained patients was maintained (e.g., turning and repositioning a physically... nursing facilities than for the acute-care setting. As noted earlier, the federal regulations implementing OBRA have affected the use of physical restraints in long-term-care institutions. The states also...

...focused care, the JCAHO standard regarding use of physical restraint has come closer to the OBRA regulations (JCAHO 1995). Although JCAHO provides some guidelines and incentives to clinicians for avoiding physical...

...where these reports become a matter of public record. The FDA has provided guidelines, reflecting OBRA and JCAHO standards, that suggest less restrictive methods of care, careful and frequent surveillance of...

**12/3,K/18 (Item 3 from file: 148)**

DIALOG(R)File 148:Gale Group Trade & Industry DB  
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08929970 SUPPLIER NUMBER: 18622601 (USE FORMAT 7 OR 9 FOR FULL TEXT)  
**On and off the beaten track. (China) (includes articles on rural air  
evacuation and medical facilities for foreigners)**

Richter, David  
China Business Review, v23, n4, p26(5)  
July-August, 1996  
ISSN: 0163-7169 LANGUAGE: English  
WORD COUNT: 3913 LINE COUNT: 00321

... the Civil Aviation Administration of China, the People's Liberation Army Air Force, and local hospitals, AEA staff in Beijing were able to make arrangements to transport the two patients to Hong Kong. A General Aviation M18 helicopter based in Handan, a town near Kaifeng, was chartered to airlift each victim to the...

**12/3,K/19 (Item 4 from file: 148)**

DIALOG(R)File 148:Gale Group Trade & Industry DB  
(c)2003 The Gale Group. All rts. reserv.

07219064 SUPPLIER NUMBER: 14873810 (USE FORMAT 7 OR 9 FOR FULL TEXT)  
**Military medicine takes late Gulf War hits; aeromedical evacuation improves  
as result. (Medical News & Perspectives)**

Gunby, Phil  
JAMA, The Journal of the American Medical Association, v271, n7, p491(1)  
Feb 16, 1994  
ISSN: 0098-7484 LANGUAGE: ENGLISH RECORD TYPE: FULLTEXT  
WORD COUNT: 941 LINE COUNT: 00075

... Southwest Asia were not what they should have been, noting that by the time he arranged for a hospital to take a patient, the aircraft to transport that patient sometimes no longer was available.

Medical regulating, Breeden says, should be a patient movement control process that selects and reserves (before aeromedical evacuation) a bed at a medical facility...

**12/3,K/20 (Item 5 from file: 148)**

DIALOG(R)File 148:Gale Group Trade & Industry DB  
(c)2003 The Gale Group. All rts. reserv.

06804057 SUPPLIER NUMBER: 15134234 (USE FORMAT 7 OR 9 FOR FULL TEXT)  
**Air taxi to the CIS: now boarding. (Commonwealth of Independent States;  
Euro-Flite Ltd.)**

Manninen, Danuta  
Finnish Trade Review, n5, p44(2)  
Oct, 1993  
ISSN: 0015-2463 LANGUAGE: ENGLISH RECORD TYPE: FULLTEXT  
WORD COUNT: 852 LINE COUNT: 00066

... p.m. Off to a Euro-Flite Medevac System meeting. One of the company's aircraft is ambulance-equipped and on continual standby. Medevac is a coordinated transport and treatment system linking the patient, close relatives and employer, the doctor or hospital, the organization responsible for arrangements in the CIS (assistance, embassy, employer), the airline, medical team, land ambulance and receiving

hospital...

12/3,K/21 (Item 6 from file: 148)  
DIALOG(R)File 148:Gale Group Trade & Industry DB  
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06509401 SUPPLIER NUMBER: 14442639 (USE FORMAT 7 OR 9 FOR FULL TEXT)  
**A creditor's perspective on the hospital industry. (Capital Access and Commercial Banking Relationships)**

Culler, Steven D.  
Topics in Health Care Financing, v19, n4, p12(9)

Summer, 1993  
ISSN: 0095-3814 LANGUAGE: ENGLISH RECORD TYPE: FULLTEXT; ABSTRACT  
WORD COUNT: 4303 LINE COUNT: 00359

... by using nonmedical trained personnel to handle nontechnical duties such as changing bed linens and **transporting patients**. In addition, **hospitals** must continue to work with their medical staff in order to provide care in the...

...of effective cost containment programs by third party payers for services delivered in outpatient settings

**Hospitals** have been very effective at **moving patients** into the outpatient setting. **Hospitals** have benefited from this shift in utilization because third party payers have not developed effective...that have allowed them to adapt to changes in their environment.

ENDNOTES

1. In the **Omnibus Budget Reconciliation Act (OBRA)** -89, Congress established the Medicare Geographic Classification Review Board (MGCRB). A hospital may request that...

12/3,K/22 (Item 7 from file: 148)  
DIALOG(R)File 148:Gale Group Trade & Industry DB  
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06116568 SUPPLIER NUMBER: 12624423 (USE FORMAT 7 OR 9 FOR FULL TEXT)  
**Lumex recliner promotes OBRA compliance. (Lumex markets transport seating systems to health care sector)**

Health Industry Today, v55, n8, p18(1)  
August, 1992  
ISSN: 0745-4678 LANGUAGE: ENGLISH RECORD TYPE: FULLTEXT  
WORD COUNT: 307 LINE COUNT: 00024

**Lumex recliner promotes OBRA compliance. (Lumex markets transport seating systems to health care sector)**

TEXT:

Lumex, Bay Shore, N.Y., is marketing a new **patient transport** seating system to nursing homes, **hospitals** and home care sites that helps meet seating needs under new **Omnibus Budget Reconciliation Act** requirements and enhances patients' self-sufficiency.

... **recliners** is growing 10% to 12% a year in response to the aging population and **OBRA** requirements, Winston said. Lumex is the market leader by a large margin with 65% of...

12/3,K/23 (Item 8 from file: 148)  
DIALOG(R)File 148:Gale Group Trade & Industry DB

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04920193      SUPPLIER NUMBER: 09168204      (USE FORMAT 7 OR 9 FOR FULL TEXT)  
What the new patient-dumping laws mean for you.

Lindeke, Jonathan M.  
Medical Economics, v67, n23, p54(6)  
Nov 26, 1990  
ISSN: 0025-7206      LANGUAGE: ENGLISH      RECORD TYPE: FULLTEXT  
WORD COUNT: 2869      LINE COUNT: 00225

... anti-dumping law enough? Congress didn't think so. The new rules are amendments to **COBRA** (the Consolidated **Omnibus Budget Reconciliation Act** of 1985), the original anti-dumping law. The changes are contained in the **Omnibus Budget Reconciliation Act** of 1989, known affectionately as **OBRA**. It was intended to clarify **COBRA**'s provisions, to close "loopholes," and to extend responsibility for patient transfers beyond the emergency room--to the on-call physician.

In general, **COBRA** outlawed the transfer for non-medical reasons of patients in unstable condition, and imposed penalties...

...t apply just to patients covered by Medicare; any inappropriate transfer could trigger an investigation. **OBRA** not only extends liability to on-call doctors, it imposes further treatment requirements before a...  
...needs.

Q Do I have to participate in a call panel? That depends, not on **COBRA** or **OBRA**, but on your state's licensing laws and on your hospital's staff bylaws. States...

...has become a hot issue in many hospitals, since physicians anxious to avoid liability under **OBRA** want to be released from call obligations.

In California, call-list requirements depend on ER...

...I go to the hospital? To be safe, get in the car and go. Whereas **COBRA** said nothing about oncall doctors, **OBRA** states that any "on-call physician [who] fails or refuses to appear within a reasonable..."

...in the past, decide whether to transfer patients if a doctor wasn't immediately available, **OBRA** requires that those decisions be made only by physicians. You can order a transfer by...

...make yourself available if you're on call. In one California dumping case that predates **OBRA**, a hospital ostensibly had a call panel, but its OBGs simply refused to answer the phone. That didn't get the hospital or the emergency physicians off the hook. Today, **OBRA** would make the call physicians liable--along with the hospital--for their failure to appear, and investigators would likely see their unavailability as a clear violation of the law. Moreover, **OBRA** would now absolve the emergency physicians if they authorized a transfer because it ...patient? First, a hospital is required to determine whether an emergency medical condition exists. Whereas **COBRA** limited triage to services available in the emergency department, **OBRA** mandates use of ancillary services routinely available to the ER as well. Presumably, that means...

...judgment with clinical proof. The only way to "stabilize" a woman having contractions--according to **OBRA**--is by delivery.

Q When is it okay to transfer an unstable patient? You may...

...call physician who's refused or failed to appear to provide stabilizing treatment; and the **patient** is **transported** by qualified **personnel** with appropriate equipment.

You're safe, too, if a patient refuses treatment. But under the new rules, you can't just let him leave the hospital. You or another qualified person must explain to the patient, or someone acting in his...

...unstable condition will expose you to the risk of being nailed for dumping. But neither **COBRA** nor **OBRA** states that anti-dumping provisions apply only when a transfer is motivated by money. And...

...misdiagnosed in a hospital ER and sent home without appropriate treatment, resulting in deafness. "It [ **COBRA** ] nowhere mentions either indigency, an ability to pay, or the hospital's motive," the court...

...from settled, and the two opinions I've described serve only to demonstrate how confusing **COBRA** and **OBRA** can be, even to judges.

Q Can a patient who thinks O've dumped him...

...isn't clear that he could also bring an action under federal anti-dumping provisions. **COBRA** provided specific rights for individuals harmed by dumping, and for receiving hospitals who lose money on dumped patients, to sue the transferring hospitals. But both **COBRA** and **OBRA** are silent on whether patients or their families can file a private dumping suit against...

...the courts. A Sacramento court has consistently refused to dismiss a physician defendant in a **COBRA** case, rejecting arguments that claims against doctors aren't authorized by the law.

You may...Louisiana, Maryland, Massachusetts, Pennsylvania, and Tennessee--have enacted statutes seeking the same general objectives as **COBRA**.

Q What if an HMO demands that the patient be transferred to a "participating" facility? Neither **COBRA** nor **OBRA** says a word about HMOs or other third-party utilization reviewers. But **OBRA** flatly states that a hospital cannot delay screening examinations or further treatment to inquire about...

...Suppose I refuse to accept a patient some other hospital wants to transfer to me? **OBRA** says that a hospital with "specialized capabilities" cannot legally turn away patients who need its...

...identified by the Secretary of Health and Human Services).

On-call physicians are liable under **OBRA** if their failure to appear forces a patient to be transferred. But **OBRA** says nothing about the opposite possibility, that a doctor's refusal to appear results in...

...in writing that the benefits are greater than the risks, as was the case under **COBRA**. But **OBRA** further requires you to provide a summary of the medical reasons behind your decision. That..."

...all the government's damned silly requirements." Although his resentment was understandable, he'd violated **OBRA**, exposing himself, the nurse who signed the certification, and the hospital to possible penalties. Once the administrator mentioned the \$50,000 fine **OBRA** provides, the doctor decided to cooperate.

Q Is there any good news for doctors? Precious...

...are exempt from liability. That's good news for emergency specialists.

In addition, the new **OBRA** amendments prohibit hospitals from penalizing or taking adverse action against a physician who refuses to...

...t been stabilized. That, too, would be violation, subject to fines and disqualification from Medicare.

**COBRA / OBRA** liability is one area in which hospitals and doctors should really work together. You're...

STATUTE NAME: Consolidated **Omnibus Budget Reconciliation Act of 1985**  
...

12/3, K/24 (Item 9 from file: 148)

DIALOG(R) File 148: Gale Group Trade & Industry DB  
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04816324 SUPPLIER NUMBER: 08896796 (USE FORMAT 7 OR 9 FOR FULL TEXT)  
**Transfer center can control, manage admissions. (includes related article on federal rules governing patient transfers)**

Moore, Rochelle Eden  
Healthcare Financial Management, v44, n9, p40(5)

Sept, 1990  
ISSN: 0735-0732 LANGUAGE: ENGLISH RECORD TYPE: FULLTEXT  
WORD COUNT: 2056 LINE COUNT: 00177

... is deemed "appropriate."

The law took effect Aug. 1, 1986, as part of the Consolidated Omnibus Budget Reconciliation Act (**COBRA**) of 1985 and currently attaches a maximum fine of \$50,000 for each violation. A...

...forfeit its Medicare provider status for up to two years.

Last year, sections of the **Omnibus Budget Reconciliation Act 1989** (**OBRA** '89) amended sections of the Social Security Act. The changes, which took effect July 1...

...Administration (HCFA), after the first quarter of 1990, 104 hospitals were found in violation of **COBRA**'s patient dumping regulations.

Handling transfers

To help manage the steady stream of patients from...

...Patients who are transferred without being adequately stabilized;

\* Patients who are sent before the receiving **hospital** is notified and accepts the transfer;

\* **Patients** who are improperly **transported**;

\* **Patients** who are sent without medical records or results from diagnostic tests;

\* Patients who are transferred...of one reliable source of information. The transfer center was instrumental in the program's **transportation** of more than 1,300 **patients** from April 1, 1989, through March 31, 1990, making it one of the nation's busiest **helicopter** programs.

Overall, Freeman said, the **hospital** has developed a better understanding of its mission as a result of the transfer center...

...or cautious admissions policies, and three cited additional restrictions on incoming transfers. (e)

Under the **OBRA** '89 updates, hospitals will be held accountable for violations of the law. Operating without clearly...

...Ansberry, Clare, "Dumping the Poor," The Wall Street Journal, Nov. 29, 1988, p. 1. "Tougher **Cobra** Fines May Increase Documentation," Hospital Risk Management, 10 (April 1988): 4, p. 1.

(b) The...

STATUTE NAME: Consolidated **Omnibus Budget Reconciliation Act of 1985**

...

12/3,K/25 (Item 10 from file: 148)  
DIALOG(R)File 148:Gale Group Trade & Industry DB  
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04546939 SUPPLIER NUMBER: 08864431 (USE FORMAT 7 OR 9 FOR FULL TEXT)  
**Transfer centers save lives, minimize bad debt. (coordinate hospital transfers through a central point)**

Johnsson, Julie  
Hospitals, v64, n6, p64(3)  
March 20, 1990

ISSN: 0018-5973 LANGUAGE: ENGLISH RECORD TYPE: FULLTEXT  
WORD COUNT: 1786 LINE COUNT: 00144

... s absolutely no way to take in a patient safely, we will assist the sending **hospital** in **moving** the **patient** to a closer facility," Frizelle adds.

"When we get to the point where we can...bureaus are a good tool for determining a patient's conversion rights under the Consolidated **Omnibus Budget Reconciliation Act of 1985 ( COBRA )**, says Freeman. **COBRA** set guidelines for converting insurance policies when employees leave a job.

"There are too many instances when patients have **COBRA** rights from a recent employment, and they're not attended to," Freeman says. Helping patients take full advantage of the coverage that **COBRA** entails is "in the patient's best interest, and the hospital's best interest," he...  
...ensure that the sending facility has accurately assessed the patient's condition.

For example, a **hospital** recently requested a patient transfer to a surgical floor bed. The transfer was delayed after a UCLA nursing assessment prior to **transport** suggested that the **patient** was not stable and might not survive the four-hour trip to UCLA.

The seriousness...

...we mind having them show up on our doorstep with inadequate care."

PHOTO : Tampa General **Hospital** 's transfer center coordinates every aspect of **patient** referrals - including **transportation** by the **hospital** 's Aeromed-1 **helicopter** .

12/3,K/26 (Item 11 from file: 148)  
DIALOG(R)File 148:Gale Group Trade & Industry DB  
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04166995 SUPPLIER NUMBER: 07727621 (USE FORMAT 7 OR 9 FOR FULL TEXT)  
**Community hospital transfers to a VA medical center. (Zablocki Veterans Administration Medical Center, Milwaukee, Wisconsin)**

Kerr, Harry D.; Byrd, James C.  
JAMA, The Journal of the American Medical Association, v262, n1, p70(4)  
July 7, 1989  
ISSN: 0098-7484 LANGUAGE: ENGLISH RECORD TYPE: FULLTEXT; ABSTRACT  
WORD COUNT: 3465 LINE COUNT: 00286

... was a medical necessity. [n17,n18] The presence of physicians has enhanced the safety of **transport** for **patients** with severe trauma [n19] and for patients with acute myocardial infarction. [n20]

Traditionally, the transferring **hospital** is responsible for care en route and assurance as to the stability of the patient...

...is transferring for specialty care. With the implementation of transfer

penalties specified by the Consolidated **Omnibus Budget Reconciliation Act, COBRA**, [n21] changes in the transfer process may well be made by the receiving hospital's...

...hospital to care for the patient's needs. [n22] It is not clear whether the **COBRA** law applies to the transfer of hospital inpatients. The law may be expected to lead...of patients with acute myocardial infarction. Ann Emerg Med. 1987;16:55-57.

[n21.] Consolidated **Omnibus Budget Reconciliation Act**, Pub L No. 99-272, 42 USC [Section] 9121.

[n22.] Frew SA, Roush WR, LaGreca K. **COBRA** : implications for emergency medicine. Ann Emerg Med. 1988;17:835-837.

12/3,K/27 (Item 12 from file: 148)  
DIALOG(R)File 148:Gale Group Trade & Industry DB  
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03938434 SUPPLIER NUMBER: 08263509 (USE FORMAT 7 OR 9 FOR FULL TEXT)  
Product information section. (Clinical Laboratory Reference 1989) (buyers guide)  
Medical Laboratory Observer, v21, n13, p16(90)  
Annual, 1989  
DOCUMENT TYPE: buyers guide ISSN: 0580-7247 LANGUAGE: ENGLISH  
RECORD TYPE: FULLTEXT  
WORD COUNT: 64583 LINE COUNT: 05915

... use system for blood glucose monitoring. The workstation keeps all essential supplies together for convenient **transport** to the **patient** bedside. The workstation accommodates the pocket-sized GLUCOMETER II meter and has storage compartments designed to contain all accessories. No. 5517--AMES GLUCO System **Hospital** Workstation

GLUCOSTIX [R] Reagent Strips Glucostix is a firm plastic strip with an impregnated paper...1500 1550/LL(\*)

1900CA  
2200CA 2250CA/LL(\*) (\*)LL designates low level analyzer  
Gamma Counting Systems **COBRA** [TM] Auto-Gamma [R] RIA Systems **Cobra** 1-, 5-, and 10-detector gamma counting systems have a built-in IBM [R]-compatible...

...recalibration of all detectors, using the energy spectrum of the(125) I sample being counted.

**Cobra** 5010 Minaxi 5500 Auto-Gamma Series The Minaxi automatic single-detector gamma counter holds up...laboratory automation can be accomplished when the PROBE system is used with the firm's **Cobra** [TM] or RIASTAR [TM] gamma-counting systems. Centrifuge-compatible cassettes used by the **Cobra** system can be placed directly on the PROBE sample processor's working area, keeping the...

12/3,K/28 (Item 13 from file: 148)  
DIALOG(R)File 148:Gale Group Trade & Industry DB  
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03723790 SUPPLIER NUMBER: 07004814 (USE FORMAT 7 OR 9 FOR FULL TEXT)  
Alternatives and options for financing long-term care.  
Grassi, Lucia C.  
Nursing Homes, v37, n6, p22(7)  
Nov-Dec, 1988  
ISSN: 0029-649X LANGUAGE: ENGLISH RECORD TYPE: FULLTEXT  
WORD COUNT: 5354 LINE COUNT: 00437

... inappropriately placed in an institution would require periodic nursing and physician visits, as well as personal -care services and transportation . Few hospitals presently are able or sufficiently motivated to coordinate those services. Most social service agencies could ...to cover a broader range of home-health-care services. That is what the 1981 **Omnibus Budget** Reconciliation Act permitted -- a wider range of services, with the stipulation that they be lower...the Community."

Rochester N Monroe County Department Services. 1982.

12. P.L. 97-35. "The **Omnibus Budget** Reconciliation Act of 1981."  
Section 2176, 9th Congress, 1st session.

13. Op. cit., 1983.

14...

12/3,K/29 (Item 14 from file: 148)  
DIALOG(R)File 148:Gale Group Trade & Industry DB  
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03681057 SUPPLIER NUMBER: 06989219 (USE FORMAT 7 OR 9 FOR FULL TEXT)  
Washington DSHS Secretary Sugarman comments on mental health system.

(Department of Social and Health Services, Jule Sugarman)

PR Newswire, 0921SE009

Sept 21, 1988

LANGUAGE: ENGLISH RECORD TYPE: FULLTEXT  
WORD COUNT: 1747 LINE COUNT: 00145

... state remained ultimately accountable for treatment because of its responsibility for the operation of state hospitals and its responsibility to treat individuals committed involuntarily.

Recently, the movement towards deinstitutionalization has moderated. Since 1982, the number of patients in the state hospitals has increased 41 percent, largely because of the "baby boom" generation and changes in the...

...more in the next biennium just to maintain current service levels and implement the Federal **Omnibus Budget** Reconciliation Act of 1987 ( **OBRA** ). Moreover, we will be spending proportionately more money in state institutions than previously. This increase...

...judicial decisions will significantly increase Washington's costs and put pressure on the system. First, **OBRA** requires that by Jan. 1, 1989, individuals who are mentally ill not be place in nursing homes. Second, **OBRA** requires that by April 1990, certain individuals currently in nursing homes either leave those homes...

...as 18 percent of individuals admitted to nursing homes are mentally ill.  
The effect of **OBRA** will be compounded by a related piece of legislation which expands the types of facilities...

...care and transitional care facilities. This expansion will limit federal funding at the same time **OBRA** increases the need for such facilities. Although this treatment approach is consistent with our long...

12/3,K/30 (Item 15 from file: 148)  
DIALOG(R)File 148:Gale Group Trade & Industry DB  
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03500565 SUPPLIER NUMBER: 06321829 (USE FORMAT 7 OR 9 FOR FULL TEXT)  
Index of employers. (hospital profiles) (Nursing Opportunities supplement)

RN, v51, n1, pS6(377)

Jan, 1988

ISSN: 0033-7021 LANGUAGE: ENGLISH RECORD TYPE: FULLTEXT

WORD COUNT: 210302 LINE COUNT: 18943

... Therapy, CPR. Nursing Process, Patient Education and Physical Assessment are offered to all UH Nurses. Individualized preceptorship program is offered for all Staff Nurses Advanced degree programs in Life Sciences are...

**12/3,K/31 (Item 16 from file: 148)**

DIALOG(R)File 148:Gale Group Trade & Industry DB

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03299252 SUPPLIER NUMBER: 05152612 (USE FORMAT 7 OR 9 FOR FULL TEXT)

**Dumping law spurs look at ED risk management. (emergency department)**

Burda, David

Hospitals, v61, p34(2)

July 20, 1987

ISSN: 0018-5973 LANGUAGE: ENGLISH RECORD TYPE: FULLTEXT

WORD COUNT: 637 LINE COUNT: 00053

TEXT:

Within the Consolidated Omnibus Budget Reconciliation Act ( COBRA ) of 1985 are provisions that address the treatment and transfer of patients in hospital emergency...

... catalyst for negligence suits. That also makes them the latest challenge for risk management programs.

COBRA , which took effect Aug. 1, 1986, imposes three responsibilities on hospitals that offer emergency medical...

...Frew, president of Frew Consulting Group, Ltd., Rockford, IL. The firm provides consulting services to hospital emergency departments.

COBRA defines transfer as the movement of a patient , including discharge, outside of the hospital . Hence, COBRA applies to all patients, not just emergency patients, he says.

Managed patients. Hospitals ' chances of violating COBRA also are expanded by the law's clash with the intentions of managed care plans...

...well-will come down hard on violators (see Law, p. 74, June 20).

But violating COBRA also can give rise to personal injury suits. A provision in the law states that patients injured as a result of COBRA violations are not precluded from bringing actions against hospitals.

That's worrisome for hospitals because...

...Risk management. Hospitals must develop policies and procedures to address the liability risks sparked by COBRA , Frew says. To do that, a hospital should organize a team consisting of staff from...

...that the emergency staff completes for every patient visit. The form is a checklist of COBRA provisions.

At the 22 U.S. hospitals owned by Paracelsus Healthcare Corp., Pasadena, CA, COBRA provisions are being enforced throughout all hospital departments to guard against accidental violations, says Michael...

STATUTE NAME: Consolidated Omnibus Budget Reconciliation Act of 1985

...

**12/3,K/32 (Item 1 from file: 636)**

DIALOG(R)File 636:Gale Group Newsletter DB(TM)  
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04537929 Supplier Number: 58831582 (USE FORMAT 7 FOR FULLTEXT)  
**Office of the Press Secretary -- Remarks by the President on health care.**  
M2 Presswire, pNA  
Jan 20, 2000  
Language: English Record Type: Fulltext  
Document Type: Magazine/Journal; Trade  
Word Count: 2683

... happens more and more in our fast-moving economy. That's why we have the COBRA benefits, allowing workers to pay to stay enrolled in health insurance when they're laid...

...full costs themselves. That's why we're also proposing tax credits that will make COBRA insurance affordable to more people, and help workers take advantage of job flexibility without worrying...sector insurance programs to help cover 19 and 20-year-olds aging out of insurance, people moving from welfare to work, employees of small businesses and legal immigrants.

Finally, we must strengthen the network of clinics , hospitals and dedicated professionals who serve the uninsured. They care for families in need and help...

**12/3,K/33 (Item 2 from file: 636)**  
DIALOG(R)File 636:Gale Group Newsletter DB(TM)  
(c) 2003 The Gale Group. All rts. reserv.

02576227 Supplier Number: 45203519 (USE FORMAT 7 FOR FULLTEXT)  
**Six air passengers, three crew injured in turbulence**  
Japan Transportation Scan, pN/A  
Dec 12, 1994  
Language: English Record Type: Fulltext  
Document Type: Newsletter; Trade  
Word Count: 106

... a Japan Air System Airbus, including three crew members, were slightly injured Friday when the plane encountered turbulence, the Transport Ministry said.

The victims , who sustained bruises and light cuts, were taken to hospital after the aircraft landed safely at Tokyo's Haneda airport.

The incident occurred at around 2:30 p...

**12/3,K/34 (Item 1 from file: 20)**  
DIALOG(R)File 20:Dialog Global Reporter  
(c) 2003 The Dialog Corp. All rts. reserv.

09207226 (USE FORMAT 7 OR 9 FOR FULLTEXT)  
**THE WHITE HOUSE: Office of the Press Secretary -- Remarks by the President on health care**  
M2 PRESSWIRE  
January 20, 2000  
JOURNAL CODE: WMPR LANGUAGE: English RECORD TYPE: FULLTEXT  
WORD COUNT: 2678

(USE FORMAT 7 OR 9 FOR FULLTEXT)

... happens more and more in our fast-moving economy. That's why we have the **COBRA** benefits, allowing workers to stay enrolled in health insurance when they're laid...

... full costs themselves. That's why we're also proposing tax credits that will make **COBRA** insurance affordable to more people, and help workers take advantage of job flexibility without worrying...

...sector insurance programs to help cover 19 and 20-year-olds aging out of insurance, **people** moving from welfare to work, employees of small businesses and legal immigrants.

Finally, we must strengthen the network of **clinics**, **hospitals** and dedicated professionals who serve the uninsured. They care for families in need and help...

**12/3,K/35 (Item 2 from file: 20)**

DIALOG(R)File 20:Dialog Global Reporter  
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08457104 (USE FORMAT 7 OR 9 FOR FULLTEXT)

**Englewood, Colo.-Based Firm May Buy St. Louis Air Ambulance Service**

Al Stamborski

KRTBN KNIGHT-RIDDER TRIBUNE BUSINESS NEWS ( ST. LOUIS POST-DISPATCH - MISSOURI )

November 30, 1999

JOURNAL CODE: KSLP LANGUAGE: English RECORD TYPE: FULLTEXT

WORD COUNT: 623

(USE FORMAT 7 OR 9 FOR FULLTEXT)

The service is called Area Rescue Consortium of **Hospitals** -- known commonly as ARCH. It uses five **helicopters** and five planes, mainly to transport injured and seriously sick **people** from accident sites to **hospitals** and also between **hospitals**.

ARCH was started 12 years ago by three of the biggest **hospitals** in the area: St. Louis University Hospital, Barnes-Jewish Hospital and St. John's Mercy...

**12/3,K/36 (Item 3 from file: 20)**

DIALOG(R)File 20:Dialog Global Reporter  
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08246699 (USE FORMAT 7 OR 9 FOR FULLTEXT)

**Man dead after jet boat accident on Shotover**

SECTION TITLE: NEWS

CHRISTCHURCH PRESS , 1 ed, pl

November 13, 1999

JOURNAL CODE: WTCP LANGUAGE: English RECORD TYPE: FULLTEXT

WORD COUNT: 256

(USE FORMAT 7 OR 9 FOR FULLTEXT)

... sent four ambulances to the scene, and a paramedic and doctor were flown in by **helicopter**, communications **manager** Nicky Chird said.

However, none of the 12 uninjured **people** needed to be **airlifted** out.

Last month, nine Shotover Jet passengers were taken to **hospital** after a boat hit a rock.

There were no major injuries in that incident. --NZPA

12/3,K/37 (Item 4 from file: 20)  
DIALOG(R)File 20:Dialog Global Reporter  
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07149122 (USE FORMAT 7 OR 9 FOR FULLTEXT)  
**Hospital prepares for big millennium influx**  
SECTION TITLE: NEWS  
KITCHIN Philip  
DOMINION , 1 ed, p15  
September 07, 1999  
JOURNAL CODE: WTDN LANGUAGE: English RECORD TYPE: FULLTEXT  
WORD COUNT: 212

EXTRA security guards will patrol Hawke's Bay Hospital 's emergency department and another helicopter to transport patients will be on standby during millennium celebrations.

Healthcare emergency department manager Christine McKenna said this year's Christmas-New Year holiday period was expected to be...

12/3,K/38 (Item 5 from file: 20)  
DIALOG(R)File 20:Dialog Global Reporter  
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05181847 (USE FORMAT 7 OR 9 FOR FULLTEXT)  
**Enterprising inmate jetted in and out of jail**  
SUNDAY TIMES (UNITED KINGDOM)  
May 02, 1999  
JOURNAL CODE: FSTM LANGUAGE: English RECORD TYPE: FULLTEXT  
WORD COUNT: 446

(USE FORMAT 7 OR 9 FOR FULLTEXT)

... to set up a business empire with offices, staff, a fleet of six vehicles and helicopters and aircraft on stand-by.

Stamford approached embassies, hospitals and private medical companies about his plans for a Pounds 1m air-ambulance service to transport sick people and donor organs for transplant operations. Police are now investigating the business activities of Britain...

12/3,K/39 (Item 6 from file: 20)  
DIALOG(R)File 20:Dialog Global Reporter  
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04726747 (USE FORMAT 7 OR 9 FOR FULLTEXT)  
**Scottish villagers flee ship fire**  
LLOYDS LIST  
March 20, 1999  
JOURNAL CODE: FLL LANGUAGE: English RECORD TYPE: FULLTEXT  
WORD COUNT: 480

(USE FORMAT 7 OR 9 FOR FULLTEXT)

... teams were also at the scene.  
Despite Force 8 gales and 50-knot gusts, a helicopter managed to winch 14 crew off the vessel and airlift them to safety.

Four crewmen were taken to hospital suffering smoke inhalation and three were later discharged.

The fourth crewman was being kept under...

12/3,K/40 (Item 7 from file: 20)  
DIALOG(R) File 20:Dialog Global Reporter  
(c) 2003 The Dialog Corp. All rts. reserv.

01792387 (USE FORMAT 7 OR 9 FOR FULLTEXT)  
**Disaster plan maps role for helicopters, boats and trains**  
CHRIS DAVIS  
SOUTH CHINA MORNING POST, p22  
June 01, 1998  
JOURNAL CODE: FSCP LANGUAGE: English RECORD TYPE: FULLTEXT  
WORD COUNT: 359

(USE FORMAT 7 OR 9 FOR FULLTEXT)

... and make decisions on the best way to evacuate the injured. Apart from ambulances and **helicopters**, Fire Services rescue boats could be used to **transport victims** to Tuen Mun ferry pier for transfer to **hospitals**. Dr Cheng said the **plan** had been developed to deal with all kinds of disasters and would be used when...

12/3,K/41 (Item 1 from file: 624)  
DIALOG(R) File 624:McGraw-Hill Publications  
(c) 2003 McGraw-Hill Co. Inc. All rts. reserv.

01034794  
**Inches from danger: Helicopter safety:** For transmission and distribution utilities, the helicopter plays a major role in the difficult task of increasing reliability, while reducing or holding steady, the cost of maintenance. Whether a utility is successful in this endeavor depends entirely on how its helicopter operations are managed  
Electrical World July/August, 1999; Pg 15; Vol. 213, No. 4  
Journal Code: EW ISSN: 0013-4457  
Section Heading: SPECIAL SECTION  
Word Count: 1,848 \*Full text available in Formats 5, 7 and 9\*

BYLINE:  
By Bob Culver and Bob Feerst

TEXT:  
...close to low-level, energized conductors requires a lot of skill. In the mid-eighties, **hospitals** began using **helicopters** to pick up accident **victims** for emergency **transport**. Without any real knowledge about flying, **hospital managers** assumed that anyone certified by the Federal Aviation Administration (FAA) to fly a **helicopter** was capable of operating in any environment. It didn't take long to see that...

12/3,K/42 (Item 2 from file: 624)  
DIALOG(R) File 624:McGraw-Hill Publications  
(c) 2003 McGraw-Hill Co. Inc. All rts. reserv.

00973411  
**WIRELESS WITH ALL THE TRIMMINGS:** Phone outfits race to outdo each other in offering users distinctive services

Business Week November 16, 1998; Pg 164; Number 3604  
Journal Code: BW ISSN: 0007-7135  
Section Heading: Executive Power Tools: Untethered at Last: Wireless  
Word Count: 1,369 \*Full text available in Formats 5, 7 and 9\*

BYLINE:  
By Peter Elstrom in New York

TEXT:  
...population.  
CROSSING BORDERS. Even so, flat-rate plans can mean big savings. Steven Harris, communications **manager** for San Antonio AirLife, which **transports patients** by **helicopter** for two Texas **hospitals**, estimates that Sprint's service has cut the bill for his work phone in half...

**12/3,K/43 (Item 3 from file: 624)**  
DIALOG(R) File 624:McGraw-Hill Publications  
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0414343  
**GLOBAL DEFENSE CUTS IMPEDE HELICOPTER DEVELOPMENTS**  
Aviation Week & Space Technology September 7, 1992; Pg 105; Vol. 137, No. 10  
Journal Code: AW ISSN: 0005-2175  
Section Heading: 1992 Farnborough Air Show Report  
Dateline: DALLAS  
Word Count: 2,471 \*Full text available in Formats 5, 7 and 9\*

BYLINE:  
DAVID A. BROWN

TEXT:  
...the Bell equipment.  
In the U. S., EMS operations are about equally divided between trauma **victim transport** from injury site to emergency medical facilities and **transportation of patients** from general **hospitals** to facilities offering specialized care.

Bell's largest recent military sale was 100 Model 412 utility transport **helicopters** to the Canadian defense ministry. The aircraft are to be built at Bell Canada's...

...also is teamed with GEC Marconi to offer a version of the AH-1W Super **Cobra** as a candidate in the British defense ministry competition for a new army attack helicopter...

**12/3,K/44 (Item 1 from file: 149)**  
DIALOG(R) File 149:TGG Health&Wellness DB(SM)  
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01789478 SUPPLIER NUMBER: 20628449 (USE FORMAT 7 OR 9 FOR FULL TEXT)  
Ready, set, transport! (**transporting patients**) (**includes related article on transportation option**)  
Foley, Gayle; Bunk, Carole  
RN, v61, n4, p21(4)  
April,  
1998

PUBLICATION FORMAT: Magazine/Journal ISSN: 0033-7021 LANGUAGE: English  
RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Professional  
WORD COUNT: 1767 LINE COUNT: 00147

... in mind that the Emergency Medical Treatment and Active Labor Act, also known as the **COBRA** anti-dumping law, requires federally funded hospitals to stabilize all patients before transferring them, unless...

...prevent any misunderstandings at the receiving facility, contact them directly to confirm the transport arrangements. (**COBRA** mandates that the patient's physician contact the receiving physician and obtain his approval before...the patient can be transferred via the chosen method of transportation to the specified facility. **COBRA** laws also require a physician certification clearly stating risks and benefits of the transfer. If...

...includes a first aid kit, portable oxygen system, and immobilization supplies such as splints. BLS **transport** is, therefore, used only for **patients** who are stable and need basic care and supervision. This includes someone with a cognitive impairment who needs transport to and from the **hospital** for testing.

#### ADVANCED LIFE SUPPORT (ALS)

ALS ambulances are typically staffed by two EMT-Ps...

...ED or ICU patients who need high-tech testing or specialized clinical treatment at another **hospital** - a car accident victim who needs an MRI, for example. However, less seriously ill **patients** are also **transported** in these ambulances if they require a medication that's not within an EMT's ...

**12/3,K/45 (Item 2 from file: 149)**

DIALOG(R) File 149:TGG Health&Wellness DB(SM)  
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01659687 SUPPLIER NUMBER: 18955796 (USE FORMAT 7 OR 9 FOR FULL TEXT)  
**Legal issues related to stabilization and transport of the critically ill neonate.**

Reimer-Brady, Jean M.  
Journal of Perinatal & Neonatal Nursing, v10, n3, p59(11)  
Dec,  
1996

PUBLICATION FORMAT: Magazine/Journal ISSN: 0893-2190 LANGUAGE: English  
RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Professional  
WORD COUNT: 4554 LINE COUNT: 00384

... the referring physician and nurses involved in neonatal discharge should be aware are the Consolidated **Omnibus Budget Reconciliation act** (**COBRA**) of 1985, and its amendment, the **Omnibus Budget Reconciliation Act** of 1989. These Acts address the issues of patient dumping, abandonment, and quality of care during transport. (2-5)

According to **COBRA**, the transferring hospital assumes liability for the medical integrity and adequacy of the receiving hospital as well as for the medical appropriateness of the patient's transfer. (2,3) **COBRA** places much of the responsibility for transport on the referring physician. To avoid charges of...

...the referring physician must secure a receiving physician who agrees to the transfer before the **transport** of the **patient** and must ensure that the transfer is medically appropriate. The physician must also certify that the expected benefits of treatment at the other **hospital** outweigh the

risk of transport and that there is no decrease in the quality of...

...transport.(2-5) Parents must also give informed consent for the transfer.

One section of COBRA is the Emergency Medical Treatment and Active Labor Act of 1986 (EMTALA), which is designed...

...to the therapies. Copies of medical documents and tests performed must also be provided.

#### RECEIVING HOSPITAL RESPONSIBILITIES

Any hospital that accepts patients and has a transport team should have a designated medical control physician (MCP). This person should be available at...

...of the medical record. The MCP is also responsible for ongoing consultation and updating of patient status while the transport team is en route to the referring institution.

The receiving hospital or transport service must also have a medical director of transport, whose responsibility is to...

...approving transport policies and procedures as well as overseeing training and reviewing transport cases. A transport coordinator is also essential. This person is responsible for the daily functioning of the transport service and works in conjunction with the medical director.

Another responsibility of the receiving hospital is to give periodic updates on the patient's status to the referring hospital and... transport. The facility adheres to the philosophy that the team members are agents of the hospital that authorizes their duties, and the patient is considered admitted to that hospital when the transport team begins patient care at the referring institution.(4) Most state authorities are not concerned about whether a...

...EMS) Act of 1973, which sets responsibility for EMS services at the state level, and COBRA , which was discussed earlier.(5) Each state has an Office of EMS that can be...

...team to declare a patient dead in one county while en route and then to transport the patient across county lines to the receiving hospital without permission of the local coroner (Moorman AC. Personal communication. May 3, 1996). If a...with the referring facility

\* data collection

Quality indicators are developed to identify ways to improve patient care on transport .(19) Ongoing transport case reviews, monitoring of quality indicators, and requests to the referring hospital staff to complete an evaluation of the transport team are examples of a transport QA ...

...Health Care Law. Danville, Calif: Contemporary Forums; 1985. (2.) Frew SA, Roush WR, LaGreca K. COBRA : Implications for emergency medicine. Ann Emerg Med. 1988;17:835-837. (3.) American Academy of...10.) Ginzburg H. Legal issues in medical transport. In: MacDonald M, Miller M, eds. Emergency Transport of the Perinatal Patient . Boston, Mass: Little, Brown; 1989. (11.) Brimhall D. The hospital administrator's perspective. In: MacDonald M, Miller M, eds. Emergency Transport of the Perinatal Patient . Boston, Mass: Little, Brown; 1989. (12.) Federal Aviation Administration, Federal Aviation Regulations, Part 91, 135...

12/3,K/46 (Item 3 from file: 149)  
DIALOG(R)File 149:TGG Health&Wellness DB(SM)

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01615694      SUPPLIER NUMBER: 18114958      (USE FORMAT 7 OR 9 FOR FULL TEXT)  
**Conflicts between managed care organizations and emergency departments in California.**

Johnson, Loren A.; Derlet, Robert W.  
The Western Journal of Medicine, v164, n2, p137(6)  
Feb,  
1996

PUBLICATION FORMAT: Magazine/Journal    ISSN: 0093-0415    LANGUAGE: English  
RECORD TYPE: Fulltext; Abstract    TARGET AUDIENCE: Professional  
WORD COUNT: 4644    LINE COUNT: 00400

... the Emergency Medical Treatment and Active Labor Act (EMTALA) and more commonly by the acronym **COBRA** [Consolidated Omnibus Budget Reconciliation Act!], all patients who present to a hospital emergency department are entitled to a...

...those in attendance. Ultimately, any discharge or transfer from an emergency department is regulated by **COBRA**. Violations may result in severe fines, termination of a hospital or a physician's Medicare...

...the use of the term "screening examination," which implies to some a cursory evaluation. Under **COBRA**, however, a medical screening examination must be sufficient to rule out the need for emergency...

...ancillary services in an emergency department to have an emergency until proved otherwise. Further, under **COBRA**, hospitals with specialized service capabilities, such as a bum or trauma center, have a duty...

...agencies on the definition of these services and the conditions to which they apply. Under **COBRA**, a medical emergency is a condition that poses an immediate threat to a patient's...

...the increasingly difficult challenge of providing resources and specialty on-call coverage commensurate with their **COBRA** responsibility. In the past, those specialists who have volunteered their on-call services have received...

...be a continuing trend toward emergency department capitation; and

\* There will be an acceleration of **COBRA** enforcement activity, as hospitals with marginal economic viability experience further difficulty in maintaining full services...

...of the country to bypass the 911 Emergency Medical Services (EMS) system.[15] Many large **hospital** systems own or contract for ambulance services for **transporting** their **patients**, and it is relatively easy to expand these services into prehospital care for their MCO...

...Health Care Financing Administration regulations, ambulance services - when "owned" by the hospitals - are subject to **COBRA** regulations.[4] The 911 bypass phenomenon is relatively new, however, and has thus far been...

...have been provided.[21] Finally, there has been the presumption that the risk of a **COBRA** violation ...the desire of hospitals and emergency physicians to provide a uniform standard of care beyond **COBRA** reproach.

Managed care organizations have focused on emergency department use by patients with nonemergent problems...

...evaluation and treatment on demand. Emergency physicians have been

understandably fearful of the prospect of **COBRA** liability at the hands of nonphysicians and have been reluctant to share any level of...

**12/3,K/47 (Item 4 from file: 149)**  
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01610099 SUPPLIER NUMBER: 17931190 (USE FORMAT 7 OR 9 FOR FULL TEXT)  
**Poisonous snakebite in Utah.**

Plowman, Douglas M.; Reynolds, Timothy L.; Joyce, Steven M.  
The Western Journal of Medicine, v163, n6, p547(5)

Dec,  
1995

PUBLICATION FORMAT: Magazine/Journal ISSN: 0093-0415 LANGUAGE: English  
RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Professional  
WORD COUNT: 3391 LINE COUNT: 00291

... these persons was bitten on five separate occasions and another twice. One bite by a **cobra** with ligated venom ducts showed no signs of envenomation. The other exotic bites showed signs...

...seek medical treatment, despite signs of envenomation in eight bites. The bite by the "venomless" **cobra** required only tetanus immunization. A bite by one exotic snake resulted in a severe case...which seem to have some validity are avoiding excessive activity, immobilizing the bitten extremity, and **transporting** the **victim** to the nearest **hospital** .[4,6]

**Hospital** treatment of poisonous snakebite remains even more controversial than first-aid measures. No universally accepted...

**12/3,K/48 (Item 5 from file: 149)**  
DIALOG(R) File 149:TGG Health&Wellness DB(SM)  
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01434503 SUPPLIER NUMBER: 14759010 (USE FORMAT 7 OR 9 FOR FULL TEXT)  
**Emergency stabilization for a wounded COBRA .**

Rosenstein, Daniel N.  
Issues in Law & Medicine, 9, n3, 255-295  
Winter,  
1993

PUBLICATION FORMAT: Magazine/Journal ISSN: 8756-8160 LANGUAGE: English  
RECORD TYPE: Fulltext TARGET AUDIENCE: Professional  
WORD COUNT: 20250 LINE COUNT: 01697

**Emergency stabilization for a wounded COBRA .**

... patient-dumping.(3) In 1986, Congress enacted anti-dumping provisions as part of the Consolidated **Omnibus Budget Reconciliation Act ( COBRA )**.4 Patient-dumping, also known as "demarketing of services" or "management of patient mix,"(5...

...liberty to ignore charity cases. Although hospital reluctance to treat indigents was the impetus to **COBRA** , the statute's scope is broad and applies equally to all persons, whether insured or...

...8)  
This article demonstrates that, despite Congress's laudable efforts at ameliorating the dumping dilemma, **COBRA** has serious flaws which hamper both its implementation and effectiveness. The article sheds light on and suggests remedies for four basic flaws in **COBRA** 's statutory scheme: (1)

**COBRA** applies only in the limited instances of an emergency medical condition; (9) (2) the absence...

...incurred in the treatment of under- or uninsured persons.(12) Unless these inadequacies are addressed, **COBRA** has no chance of fulfilling congressional expectations.

The Duty to Provide Health Care and the...long run, is likely to be as ineffectual, poorly administered, and shortsighted as its precursors.

**COBRA : Congress Responds to Dumping**

42 U.S.C. [SECTION] 1395dd Emergency Medical Treatment and Active Labor Act

Enacted as part of the Consolidated **Omnibus Budget Reconciliation Act** of 1986, section 1395dd(49) of title 42 was designed to regulate, not

...

...rooms or arrive at hospitals with emergency conditions. In this regard, while the impetus behind **COBRA** was the plight of the under- or uninsured, who were often refused treatment in emergency...

...purpose is the prevention of unwarranted and improper transfer of emergency patients, transfers effectuated within **COBRA**'s guidelines remain permissible.(51)

Determining whether the statute applies requires a three-pronged analysis; the criteria of any prong can result in the applicability of **COBRA**. (52) First, under section 1395rid(a), any hospital with an emergency room may not transfer...

...c). (57) Subsection (b)(1), which is broader in scope than subsection (a), presumably extends " **COBRA** requirements... to all areas and departments of the hospital."(58) If, however, a patient refuses...

...as a condition on the receipt of federal funds,(60) bound by the requirements of **COBRA**. (61) Because of this quid pro quo arrangement, federal Medicare payments in exchange for stabilization and treatment of emergency patients, the potential exists for a hospital to escape **COBRA**'s requirements by opting out of the Medicare program.(62)

Next, because **COBRA** focuses on transfer, the definition of transfer has crucial ramifications for both physicians and **hospitals**. According to the definitional section of **COBRA**, a transfer: means the **movement** (including the discharge) of an **individual** outside a **hospital**'s facilities at the direction of any person employed by (or affiliated or associated, directly or indirectly, with) the **hospital**, but does not include such a **movement** of an **individual** who (A) has been declared dead, or (B) leaves the facility without the permission of...

...medical advice, it is considered a transfer.TM Thus, despite the statute's purported goal, **COBRA** contains a loophole that enables hospitals to transfer any emergency patient, regardless of whether an...

...and insure that the transfer is Safe.(72)

As with other federal health care statutes, **COBRA** includes an extensive enforcement provision, which subjects both the hospital and attending physician to civil penalties for improper transfers.(73) A hospital that "negligently violates" **COBRA** risks a civil monetary penalty of "not more than"(74) fifty thousand dollars(75) Additionally...

...risk a fifty thousand dollar fine for actions which are contrary to the requirements of **COBRA**? Recent amendments to **COBRA** add a twist to the civil monetary penalty provision not found in the original version...

...section 1395dd(d)(1). Thus, a medical panel advises the Secretary

note 3, at 6 ("it is apparent that, overall, COBRA **does** not and cannot accomplish its goal of eradicating patient dumping")....

**12/3,K/49 (Item 6 from file: 149)**  
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01416222 SUPPLIER NUMBER: 13736805 (USE FORMAT 7 OR 9 FOR FULL TEXT)  
**Air medical transport.**  
Fromm, Robert E., Jr.; Varon, Joseph  
Journal of Family Practice, v36, n3, p313(6)  
March,  
1993  
PUBLICATION FORMAT: Magazine/Journal ISSN: 0094-3509 LANGUAGE: English  
RECORD TYPE: Fulltext TARGET AUDIENCE: Professional  
WORD COUNT: 3354 LINE COUNT: 00361

... resulted in the writing and subsequent enactment in 1986 of the Consolidated Omnibus Reconciliation Act ( **COBRA** ) of 1985 with its section "Special Responsibilities of Hospitals in Emergency Cases." This law as...

...that has space and personnel appropriate to the patient's needs. Under the provisions of **COBRA** , the transferring **hospital** is responsible for ensuring that the transfer "... is effected through qualified **personnel** and **transportation** equipment, as required, including the use of necessary and medically appropriate life support measures during transfer...." Penalties for violation of **COBRA** are severe and include fines of up to \$50,000 for each violation for both...

...increase over the average cost of a similar trip reported in 1989.

In many instances, **patient transport** charges are unpaid. Unfortunately, the "dumping" of patients on **hospitals** by AMT services may lead to ethical, legal, professional, and regulatory dilemmas for emergency medicine...

**12/3,K/50 (Item 7 from file: 149)**  
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01253791 SUPPLIER NUMBER: 10502247 (USE FORMAT 7 OR 9 FOR FULL TEXT)  
**Economic consequences for Medicaid of human immunodeficiency virus infection.**  
Baily, Mary Ann; Bilheimer, Linda; Wooldridge, Judith; Langwell, Kathryn;  
Greenberg, Warren  
Health Care Financing Review, v11, nSUPP, p97(12)  
Annual,  
1990  
PUBLICATION FORMAT: Magazine/Journal ISSN: 0195-8631 LANGUAGE: English  
RECORD TYPE: Fulltext TARGET AUDIENCE: Professional  
WORD COUNT: 7312 LINE COUNT: 00740

... to work. Traditionally, loss of employment meant loss of group insurance. Legislation in 1985 (Consolidated **Omnibus Budget Reconciliation Act**, or **COBRA** ) guaranteed many workers the opportunity to continue insurance at group rates for at least 18...only. Optional services of importance are intermediate care facility (ICF) services, prescription drugs, dental care, **clinic** services, **transportation** , **personal** care, private duty nursing, diagnostic and screening services, case management,

12/3,K/51 (Item 8 from file: 149)  
DIALOG(R) File 149:TGG Health&Wellness DB(SM)  
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01196265 SUPPLIER NUMBER: 08134795 (USE FORMAT 7 OR 9 FOR FULL TEXT)  
**Enforcement of "antidumping" laws is on the increase. (hospital emergency service) (column)**  
Hastings, Douglas A.  
Physician Executive, v15, n4, p34(3)  
July-August,  
1989  
DOCUMENT TYPE: column PUBLICATION FORMAT: Magazine/Journal ISSN:  
0898-2759 LANGUAGE: English RECORD TYPE: Fulltext TARGET AUDIENCE:  
Professional  
WORD COUNT: 2066 LINE COUNT: 00179

... Section 1867 of the Social Security act, was added to the law by the Consolidated **Omnibus Budget Reconciliation Act of 1985 ( COBRA )**, adopted by Congress in April 1986.2 The basic requirements of Section 1867 are:

\* Medical...

...must have space and qualified personnel and have agreed to accept the transfer, the transferring **hospital** must provide the receiving facility with appropriate medical records, and the transfer must be effected through qualified **personnel** and **transportation equipment**.3

Section 1867 also provides that violation of these "antidumping" provisions will subject a Medicare-participating **hospital** to possible implementation of the following sanctions:

\* Termination or suspension of the hospital's Medicare...individual could be subject to sanctions under the Hill-Burton Act as well as under **COBRA** and state law.

3. Note that current federal law does not require hospitals to report

...

12/3,K/52 (Item 9 from file: 149)  
DIALOG(R) File 149:TGG Health&Wellness DB(SM)  
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01195855 SUPPLIER NUMBER: 08347875 (USE FORMAT 7 OR 9 FOR FULL TEXT)  
**Emergency departments need aggressive management. (hospital emergency departments) (column)**  
Long, Hugh W.; Lauve, Richard M.  
Physician Executive, v15, n6, p40(3)  
Nov-Dec,  
1989  
DOCUMENT TYPE: column PUBLICATION FORMAT: Magazine/Journal ISSN:  
0898-2759 LANGUAGE: English RECORD TYPE: Fulltext TARGET AUDIENCE:  
Professional  
WORD COUNT: 1987 LINE COUNT: 00166

... a minimum, the requirements of the Joint Commission on Accreditation of Healthcare Organizations and of **COBRA** in effecting a transfer.[2-3] Once the patient has been evaluated and treatment deemed... unable to accept transfer.[4] Second, prior acceptance by the receiving physician is mandatory under **COBRA** regulations.[2] Because receiving physicians at public hospitals are frequently residents in training, they may...

...38 percent of these patients may deteriorate in transit[5], and because responsibility for the **patient** during **transport** clearly lies with the referring facility, referral for economic reasons is associated with a significant risk of potentially large losses.(\*\*) Eventually, every **hospital** is likely to examine its ED as a potential source of economic losses. This will...

...1)." New England Journal of Medicine 320(1):29-37, Jan. 5, 1989.  
[2]Consolidated **Omnibus Budget** Reconciliation Act of 1986, 42 USC Section 1395 dd (West Supp. 1987). [3]"Documentation of...

**12/3,K/53 (Item 10 from file: 149)**

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01102754 SUPPLIER NUMBER: 04118412 (USE FORMAT 7 OR 9 FOR FULL TEXT)  
**An American hero - Dr. David Boyd and emergency health care. (Life and Death in the Emergency Room, part 2)**

Glastris, Paul  
Washington Monthly, v18, p19(8)  
Feb,  
1986

PUBLICATION FORMAT: Magazine/Journal ISSN: 0043-0633 LANGUAGE: English  
RECORD TYPE: Fulltext TARGET AUDIENCE: Consumer  
WORD COUNT: 4742 LINE COUNT: 00460

... His DOT money went for innovations newspapers loved: new ambulances, radios to link them with **hospitals**, computers to monitor trauma center performance, and **helicopters** to **transport patients** from rural **hospitals** to trauma centers in the larger towns and cities. Most important, he picked trauma centers, and with the cooperation of the pre-hospital people, **arranged** for the seriously injured to be sent to them. By 1974, his coordinated statewide trauma...

Set      Items      Description  
S1      28701      (TRANSPORT? OR MOVEMENT? OR MOVING OR AIRLIFT? OR AIR()LIF-  
              T???) (10N) (PATIENT? OR VICTIM? OR PERSON? OR CLIENT? OR INDIV-  
              IDUAL? OR PEOPLE OR CREW)  
S2      52931      HOSPITAL? OR CLINIC? ? OR HEALTH() (FACILIT? OR CENTER? OR -  
              SITE? ? OR CENTRE?)  
S3      33826      AIRCRAFT? OR AIRPLANE? OR AEROPLANE? OR SEAPLANE? OR HELIC-  
              OPTER?  
S4      822      S1(S) S2  
S5      33      S4(S) S3  
S6      5      S5 AND IC=G06F?

? show file

File 348:EUROPEAN PATENTS 1978-2003/Apr W02

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File 349:PCT FULLTEXT 1979-2002/UB=20030417,UT=20030410

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6/3,K/1 (Item 1 from file: 349)

DIALOG(R)File 349:PCT FULLTEXT

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00924752

SYSTEM AND METHOD FOR EMERGENCY COMMUNICATION BETWEEN AN IMPLANTABLE MEDICAL AND A REMOTE COMPUTER SYSTEM OF HEALTH CARE PROVIDER  
SISTÈME ET PROCÉDÉ DE COMMUNICATION URGENTE ENTRE UN DISPOSITIF MEDICAL IMPLANTABLE ET UN SISTÈME INFORMATIQUE POUR FOURNISSEUR DE SOINS DE SANTE

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Legal Representative:

WOODS Thomas F (et al) (agent), Medtronic, Inc. LC340, 710 Medtronic Parkway NE, Minneapolis, MN 55432, US,

Patent and Priority Information (Country, Number, Date):

Patent: WO 200257994 A2 20020725 (WO 0257994)

Application: WO 2002US1542 20020116 (PCT/WO US0201542)

Priority Application: US 2001764700 20010118

(EP) AT BE CH CY DE DK ES FI FR GB GR IE IT LU MC NL PT SE TR

Publication Language: English

Filing Language: English

Fulltext Word Count: 30387

Main International Patent Class: G06F-019/00

Fulltext Availability:

Detailed Description

Detailed Description

... 120, and located in the walls, fixtures or other portions of the environment through which patient 5 is moving or located. Of course, the PDA also remains capable of communicating with communication module 1  
...

6/3,K/2 (Item 2 from file: 349)

DIALOG(R)File 349:PCT FULLTEXT

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00924377 \*\*Image available\*\*

SYSTEM AND METHOD OF AUTOMATED INVOICING FOR COMMUNICATIONS BETWEEN AN IMPLANTABLE MEDICAL DEVICE AND A REMOTE COMPUTER SYSTEM FOR HEALTH PROVIDER

SISTÈME ET PROCÉDÉ DE FACTURATION AUTOMATISÉE DE COMMUNICATIONS ÉTABLIES ENTRE UN DISPOSITIF MEDICAL IMPLANTABLE ET UN SISTÈME INFORMATISÉ ELOIGNE POUR APPAREIL DE SOINS DE SANTE

Patent Applicant/Assignee:

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DONders Adrianus P, Ch. Champs Rosset 3, CH-1297 Founex, CH,

Legal Representative:

WOODS Thomas F (et al) (agent), Medtronic, Inc. LC340, 710 Medtronic

Parkway NE, Minneapolis, MN 55432, US,  
Patent and Priority Information (Country, Number, Date):  
Patent: WO 200256762 A2-A3 20020725 (WO 0256762)  
Application: WO 2002US1544 20020116 (PCT/WO US0201544)  
Priority Application: US 2001765218 20010118  
(EP) AT BE CH CY DE DK ES FI FR GB GR IE IT LU MC NL PT SE TR  
Publication Language: English  
Filing Language: English  
Fulltext Word Count: 30136

Main International Patent Class: G06F-019/00

Fulltext Availability:

Detailed Description

Detailed Description

... 120, and located in the walls, fixtures or other portions of the environment through which patient 5 is moving or located. Of course, the PDA also remains capable of communicating with communication module 100...

6/3,K/3 (Item 3 from file: 349)

DIALOG(R) File 349:PCT FULLTEXT

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00857336 \*\*Image available\*\*

APPARATUS AND METHOD FOR COLLECTING PATIENT DATA

DISPOSITIF ET METHODE DE COLLECTE DE RENSEIGNEMENTS SUR UN PATIENT

Patent Applicant/Assignee:

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Congress Avenue, Suite 1900, Austin, TX 78701, US,

Patent and Priority Information (Country, Number, Date):

Patent: WO 200191029 A2-A3 20011129 (WO 0191029)  
Application: WO 2001US14382 20010504 (PCT/WO US0114382)  
Priority Application: US 2000574871 20000519

Designated States: AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CR CU CZ  
DE DK DM DZ EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ  
LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ PL PT RO RU SD SE SG  
SI SK SL TJ TM TR TT TZ UA UG UZ VN YU ZA ZW

(EP) AT BE CH CY DE DK ES FI FR GB GR IE IT LU MC NL PT SE TR

(OA) BF BJ CF CG CI CM GA GN GW ML MR NE SN TD TG

(AP) GH GM KE LS MW MZ SD SL SZ TZ UG ZW

(EA) AM AZ BY KG KZ MD RU TJ TM

Publication Language: English

Filing Language: English

Fulltext Word Count: 5716

International Patent Class: G06F-019/00

Fulltext Availability:

Detailed Description

Detailed Description

... a patient) have adopted techniques wherein communications between a point of medical attention for the patient and medical facilities to which the patient will be transported are becoming especially valuable. The point of medical attention for the patient is diverse in

that the emergency medical equipment may be available through an emergency helicopter , an ambulance or other emergency vehicle, or even a medical bag that is carried by...

...emergency medical technician (EMT) or other emergency medical provider. The medical facilities commonly include a hospital where an emergency room and an operating room may need to be prepared to serve...

6/3,K/4 (Item 4 from file: 349)  
DIALOG(R)File 349:PCT FULLTEXT  
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00514167  
**FLEET MANAGEMENT SYSTEM AND METHOD**  
**SYSTEME ET PROCEDE DE GESTION DE PARC AUTOMOBILE**  
Patent Applicant/Assignee:  
MOBILE INFORMATION SYSTEM INC,  
Inventor(s):  
PRABHAKARAN Sanjiv,  
Patent and Priority Information (Country, Number, Date):  
Patent: WO 9945519 A2 19990910  
Application: WO 99US4931 19990305 (PCT/WO US9904931)  
Priority Application: US 9836094 19980306  
Designated States: AL AM AT AU AZ BA BB BG BR BY CA CH CN CU CZ DE DK EE ES  
FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ LC LK LR LS LT LU  
LV MD MG MK MN MW NO NZ PL PT RO RU SD SE SG SI SK SL TJ TM TR TT UA  
UG UZ VN YU ZW GH GM KE LS MW SD SL SZ UG ZW AM AZ BY KG KZ MD RU TJ TM  
AT BE CH CY DE DK ES FI FR GB GR IE IT LU MC NL PT SE BF BJ CF CG CI CM  
GA GN GW ML MR NE SN TD TG  
Publication Language: English  
Fulltext Word Count: 14527

Main International Patent Class: G06F-017/60  
Fulltext Availability:

Claims

Claim

... raster map 510 also includes manmade features such as the Auto Assembly Plant 516, Agnews Hospital 518, and others. The raster map is, for example, a digitally scanned road map, a...

...can also represent any I O mobile entities such as automobiles, vans, trucks, ambulances, animals, people, boats, ships, motorcycles, bicycles, tractors, moving equipment, trains, courier services, container ships, shipping containers, airplanes, public utility vehicles, telephone company vehicles, taxi cabs, buses, milk delivery vehicles, golf carts, beverage...

6/3,K/5 (Item 5 from file: 349)  
DIALOG(R)File 349:PCT FULLTEXT  
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00153179  
**APPARATUS AND METHOD FOR ASSESSMENT AND MODIFICATION OF CIRCADIAN PHASE AND AMPLITUDE**  
**PROCEDE ET APPAREIL D'EVALUATION ET DE MODIFICATION DE LA PHASE ET DE L'AMPLITUDE CIRCADIENNES**

Patent Applicant/Assignee:

BRIGHAM AND WOMEN'S HOSPITAL,

Inventor(s):

CZEISLER Charles A,

KRONAUER Richard E,

ALLAN James S,

Patent and Priority Information (Country, Number, Date):

Patent: WO 8810091 A1 19881229

Application: WO 88US2177 19880627 (PCT/WO US8802177)

Priority Application: US 87677 19870626

Designated States: AT AU BE CH DE FR GB IT JP LU NL SE

Publication Language: English

Fulltext Word Count: 52904

International Patent Class: G06F-15:42 ...

Fulltext Availability:

Claims

Claim

... be offset if  
multiple users are expected, for example, in a  
public facility, factory or airplane. The energy  
used - to power the lights--which is ultimately  
converted into heat@-may be...preserve on the  
fovea, Furthermore, the peripheral retina serves an  
important function in alerting a person to moving  
objects, thereby warning of dangers, etc. This may  
limit the use to relatively quiet, safe...alternative to constructing a  
windowless  
room, the windows of a normal room such as a  
hospital room, hotel room, or private bedroom can be  
modified by covering all windows with shutters...lights are installed in  
workplaces (for shift  
change adjustment) or in airport waiting areas and  
aircraft (for jet lag compensation) since they would  
operate on programmed schedules without human  
intervention.  
de...

?

Set      Items      Description  
S1      20567      (TRANSPORT? OR MOVEMENT? OR MOVING OR AIRLIFT? OR AIR()LIF-  
              T???) (10N) (PATIENT? OR VICTIM? OR PERSON? OR CLIENT? OR INDIV-  
              IDUAL? OR PEOPLE OR CREW)  
S2      22417      HOSPITAL? OR CLINIC? ? OR HEALTH() (FACILIT? OR CENTER? OR -  
              SITE? ? OR CENTRE?)  
S3      75884      AIRCRAFT? OR AIRPLANE? OR AEROPLANE? OR SEAPLANE? OR HELIC-  
              OPTER?  
S4                5      S1 AND S2 AND S3  
? show file  
File 344:Chinese Patents Abs Aug 1985-2003/Jan  
              (c) 2003 European Patent Office  
File 347:JAPIO Oct 1976-2002/Dec(Updated 030402)  
              (c) 2003 JPO & JAPIO  
File 350:Derwent WPIX 1963-2003/UD,UM &UP=200325  
              (c) 2003 Thomson Derwent  
File 371:French Patents 1961-2002/BOPI 200209  
              (c) 2002 INPI. All rts. reserv.

4/5/1 (Item 1 from file: 350)

DIALOG(R) File 350:Derwent WPIX

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014394743 \*\*Image available\*\*

WPI Acc No: 2002-215446/200227

Related WPI Acc No: 1998-286023; 2000-137011

XRPX Acc No: N02-165007

**Eye movement monitoring system for detecting fatigue of patient , driver, has camera that is oriented towards eye for monitoring movement of eye relative to reference frame**

Patent Assignee: TORCH W C (TORC-I)

Inventor: TORCH W C

Number of Countries: 001 Number of Patents: 001

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
US 20010028309	A1	20011011	US 96699670	A	19960819	200227 B
			US 98104258	A	19980624	
			US 2000740738	A	20001218	

Priority Applications (No Type Date): US 2000740738 A 20001218; US 96699670 A 19960819; US 98104258 A 19980624

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
US 20010028309	A1	37	G08B-023/00	CIP of application US 96699670	
				CIP of application US 98104258	
				CIP of patent US 5748113	
				CIP of patent US 6163281	

Abstract (Basic): US 20010028309 A1

**NOVELTY** - An emitter (32) on detector device that is attachable to a pair of eye glasses, emits light towards an eye of the person, when the glass is worn. The emitter projects a reference frame towards the eye. A camera is oriented towards the eye for monitoring movement of the eye relative to the reference frame.

**DETAILED DESCRIPTION** - An INDEPENDENT CLAIM is also included for person 's eye movement monitoring method.

**USE** - In hospital for monitoring wakefulness, sleep patterns and/or the effects of drugs which affect blink rate, blink velocity, blink duration or PERCLOS of patient, for monitoring patient's physical, mental or emotional condition, for purposeful communication using eye blink, for controlling devices based on eye movement in vehicle safety system for monitoring drowsiness of truck drivers, taxi drivers, ship or airplane pilots, train conductors or engineers, radar or airport control tower operators, operators of heavy equipment or factory machinery, scuba divers, students, astronauts, entertainment participants or observers, for detecting petit mal epilepsy, grand mal or psychometer seizures, for monitoring g-lock of pilots caused by g-force effects, hypoxemia of passengers or crew in aircraft due to losses in cabin pressure, nitrogen narcotics or the bends in divers or the effect of gases, chemicals or biological agents on military personnel or other individuals, in biofeedback applications in non-medical settings for monitoring infants, children, prison inmates, demented patients e.g. patients with Alzheimer's disease, law enforcement personnel, bank tellers, cashiers, casino workers, swing or graveyard shift workers, in sleep laboratory for monitoring sleep patients to measure parameters such as onset of sleep, sleep latency, time of cyclid closing or opening, time of awakening during night in animal research. Also used as recreational device.

**ADVANTAGE** - Reduces the energy consumption of the emitter and minimizes interference with other light sources. Reduces interference

with the wearer's normal vision.

DESCRIPTION OF DRAWING(S) - The figure shows an enlarged perspective view of the person's eye movement monitoring system.

Emitter (32)

pp; 37 DwgNo 2/17

Title Terms: EYE; MOVEMENT; MONITOR; SYSTEM; DETECT; FATIGUE; PATIENT; DRIVE; CAMERA; ORIENT; EYE; MONITOR; MOVEMENT; EYE; RELATIVE; REFERENCE; FRAME

Derwent Class: S02; S05; W05

International Patent Class (Main): G08B-023/00

File Segment: EPI

4/5/2 (Item 2 from file: 350)

DIALOG(R) File 350:Derwent WPIX

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014311657 \*\*Image available\*\*

WPI Acc No: 2002-132359/200218

XRPX Acc No: N02-099865

Automated cart for distributing meal trays in hospitals, schools, prisons etc., has electronic control unit which controls the movement of the cart and the degree of heating of the trays

Patent Assignee: SOC IND PRODN L'AUBE (AUBE-N); SOC IND PRODN L'AUBE SA (AUBE-N)

Inventor: FABRE J; MEYER J; MEYER J C

Number of Countries: 026 Number of Patents: 002

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
EP 1172047	A1	20020116	EP 2001401841	A	20010710	200218 B
FR 2811526	A1	20020118	FR 20009037	A	20000711	200218

Priority Applications (No Type Date): FR 20009037 A 20000711

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
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EP 1172047 A1 F 7 A47B-031/02

Designated States (Regional): AL AT BE CH CY DE DK ES FI FR GB GR IE IT LI LT LU LV MC MK NL PT RO SE SI TR

FR 2811526 A1 A47B-031/02

Abstract (Basic): EP 1172047 A1

NOVELTY - The cart has a device (5) for heating the meal trays (4), an electronic control unit (10) for controlling the heating device, and an information board (6) having a printed circuit board (7) connected to the electronic control unit to feed it control data.

DETAILED DESCRIPTION - The printed circuit board emits a control signal which is received by an antenna (8) and then transferred to the control unit. This control data could be about when to start the heating and how hot to maintain the meal trays, or the movement of the cart to specific locations where the persons who require the meals are.

USE - Used in hospitals, prisons, schools, aircraft, trains for mass transfer of meal trays to the occupants.

ADVANTAGE - Allows delivery of meal trays automatically without much human intervention, and also ensures that the correct persons receive the correct type, e.g. vegetarian or non-vegetarian, of food, and at the right temperature.

DESCRIPTION OF DRAWING(S) - The drawing is an electrical schematic diagram.

Meal tray (4)

Heating device (5)

Information board (6)  
Printed circuit board (7)  
Electronic control unit (10)  
pp; 7 DwgNo 2/2  
Title Terms: AUTOMATIC; CART; DISTRIBUTE; MEAL; TRAY; HOSPITAL ; SCHOOL;  
ELECTRONIC; CONTROL; UNIT; CONTROL; MOVEMENT; CART; DEGREE; HEAT; TRAY  
Derwent Class: P25; P28; X25; X27  
International Patent Class (Main): A47B-031/02  
International Patent Class (Additional): A47J-039/00  
File Segment: EPI; EngPI

4/5/3 (Item 3 from file: 350)  
DIALOG(R)File 350:Derwent WPIX  
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014119984 \*\*Image available\*\*  
WPI Acc No: 2001-604196/200169  
XRPX Acc No: N01-450968

Reanimation stretcher carrier, for any vehicle, has reanimation and monitoring equipment placed on rigid platform, and is able to be connected to low or very high power supplies

Patent Assignee: AMBULANCES PARIS EST SA (AMBU-N)

Inventor: ARINAL E; CHAMFRAULT C

Number of Countries: 001 Number of Patents: 001

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
FR 2800602	A1	20010511	FR 9913867	A	19991105	200169 B

Priority Applications (No Type Date): FR 9913867 A 19991105

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
FR 2800602	A1	13		A61G-001/06	

Abstract (Basic): FR 2800602 A1

NOVELTY - The reanimation stretcher has reanimation and monitoring equipment on a rigid patient platform with mains (220V) and battery (12V) supplies with retractable locking supports that allow continued visibility of the medical equipment and is suitable for carriage in helicopters or other vehicles.

USE - Stretcher carrier for patient transport requiring medical equipment.

ADVANTAGE - Avoids delicate connections and disconnections of equipment at different stages of transport to hospitals because all equipment is on the stretcher and can be connected to any power supply. Can be connected to low or very high power supplies.

DESCRIPTION OF DRAWING(S) - The drawing shows the carrier power supply with 12V and 220V inputs and inverters labelled in French.  
(Drawing includes non English language text)

pp; 13 DwgNo 1/4

Title Terms: STRETCHER; CARRY; VEHICLE; MONITOR; EQUIPMENT; PLACE; RIGID; PLATFORM; ABLE; CONNECT; LOW; HIGH; POWER; SUPPLY

Derwent Class: P33; S05

International Patent Class (Main): A61G-001/06

International Patent Class (Additional): A61G-001/04

File Segment: EPI; EngPI

4/5/4 (Item 4 from file: 350)  
DIALOG(R)File 350:Derwent WPIX

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008583807 \*\*Image available\*\*

WPI Acc No: 1991-087839/199113

XRPX Acc No: N91-067888

Orthopaedic body part extension instrument - is for stretcher and incorporates rope with spring and clamping mechanism

Patent Assignee: BUNDESREPUBLIK DEUT (BUND )

Inventor: DERISSEN W

Number of Countries: 001 Number of Patents: 002

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
DE 3929715	A	19910321	DE 3929715	A	19890907	199113 B
DE 3929715	C2	19931125	DE 3929715	A	19890907	199347

Priority Applications (No Type Date): DE 3929715 A 19890907

Patent Details:

Patent No	Kind	Lan Pg	Main IPC	Filing Notes
DE 3929715	C2	6	A61F-005/04	

Abstract (Basic): DE 3929715 A

The orthopaedic extension instrument for parts of the body has a rope (21) with tension mechanism at one end, and reeved round pulleys (23, 24). It is designed for use on a stretcher (10), and has a vertical arch (30) spanning the stretcher in the transverse direction and fixed to it.

The tension mechanism comprises springs (22) and a clamping system (27). The springs can incorporate a spring balance, while clamping is by a nut with right-and-left-handed threads, engaging with bolts coupled to the rope.

USE/ADVANTAGE - Extension instrument allows transport of patient while in traction. (6pp Dwg.No.1/5)

Title Terms: ORTHOPAEDIC; BODY; PART; EXTEND; INSTRUMENT; STRETCHER; INCORPORATE; ROPE; SPRING; CLAMP; MECHANISM

Derwent Class: P32; P33

International Patent Class (Main): A61F-005/04

International Patent Class (Additional): A61F-017/00; A61G-001/04

File Segment: EngPI

4/5/5 (Item 5 from file: 350)

DIALOG(R) File 350:Derwent WPIX

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008165310

WPI Acc No: 1990-052311/199008

XRAM Acc No: C90-022661

XRPX Acc No: N90-040263

Transplanting human organ from corpse to recipient - by transporting corpse, cooled, ventilated and perfused with blood in transportable cabinet

Patent Assignee: CREMER D (CREM-I)

Number of Countries: 001 Number of Patents: 001

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
DE 3826900	A	19900215	DE 3826900	A	19880808	199008 B

Priority Applications (No Type Date): DE 3826900 A 19880808

Patent Details:

Patent No	Kind	Lan Pg	Main IPC	Filing Notes
DE 3826900	A	2		

Abstract (Basic): DE 3826900 A

In transplantation of human organs from a corpse to a recipient, a fresh corpse, esp. somebody dead in an accident, is placed in a transportable cabinet, in which it is super-cooled, ventilated and perfused with blood, and conveyed to an operating table, after which at least the organ is removed from the cabinet and implanted in the recipient.

ADVANTAGE - Organs can be used not only from accident cases but from any corpse with re-usable organs, even with a greater distance between the place of death and that of the recipient. The time for choosing a suitable recipient, and for his prepn. for the operation, is lengthened. Worldwide **transport** and choice of **patients** becomes possible. The dead can be taken by **helicopter** within 20 mins. to a suitable **hospital** for reanimation. The container is sealable, with a cooling device, a ventilator and a device (esp. a heart-lung machine) which can be attached to the blood vessels of the corpse to activate the blood.

0/0

Title Terms: TRANSPLANT; HUMAN; ORGAN; CORPSE; RECIPIENT; TRANSPORT; CORPSE ; COOLING; VENTILATION; PERfusion; BLOOD; TRANSPORT; CABINET

Derwent Class: D22; P34; S05

International Patent Class (Additional): A01N-001/02; A61M-001/14;  
A61M-016/00

File Segment: CPI; EPI; EngPI